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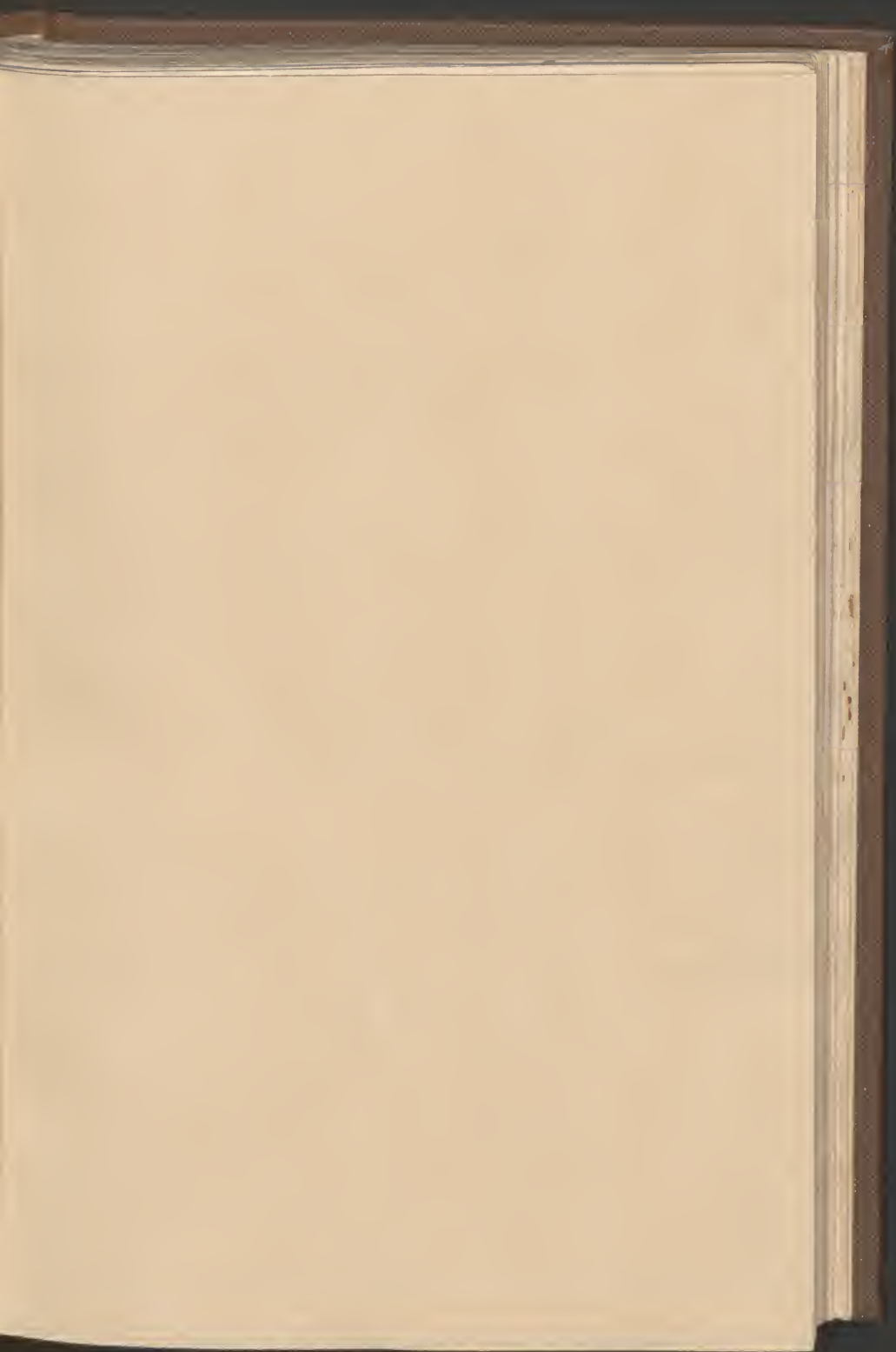
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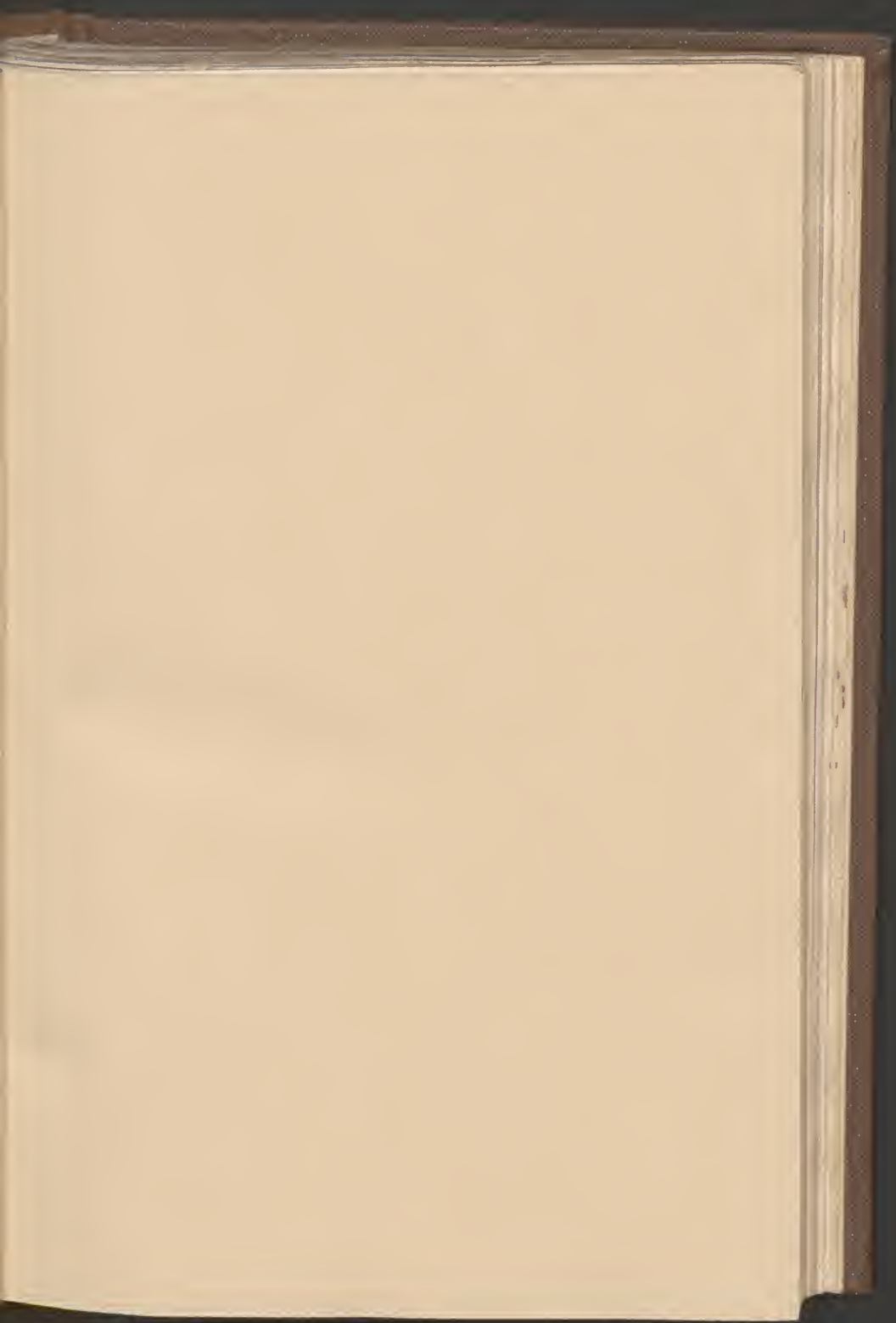
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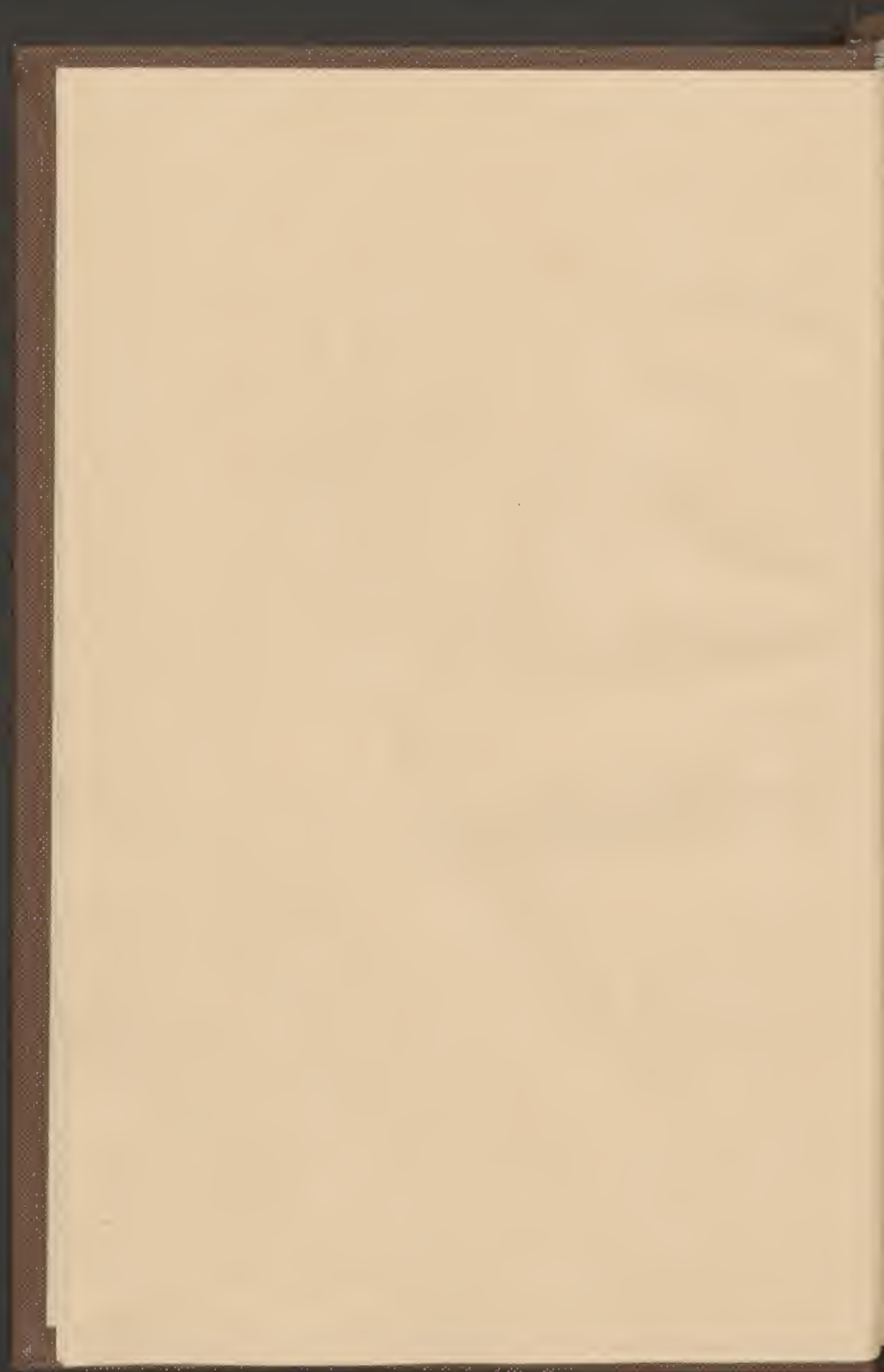
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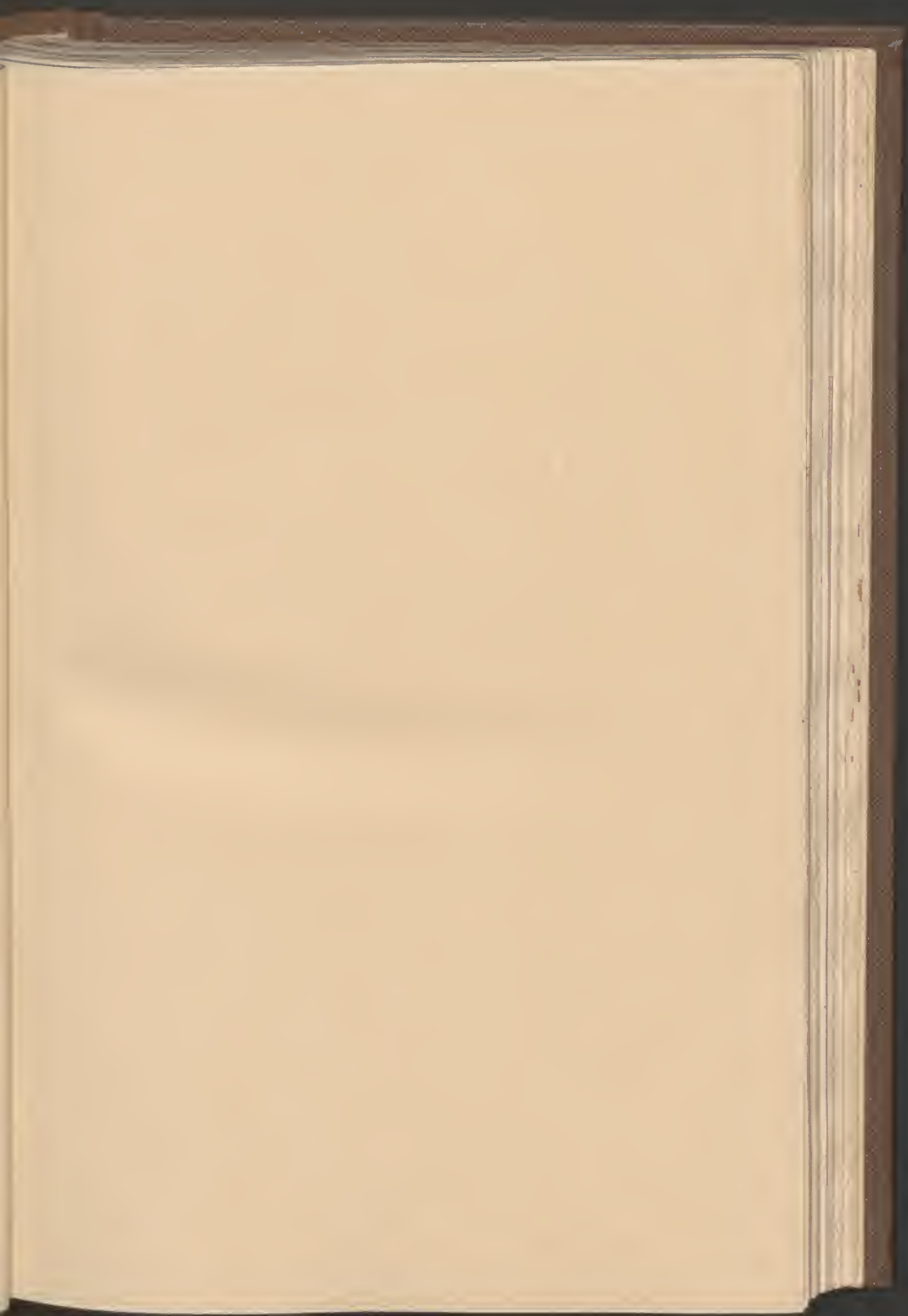








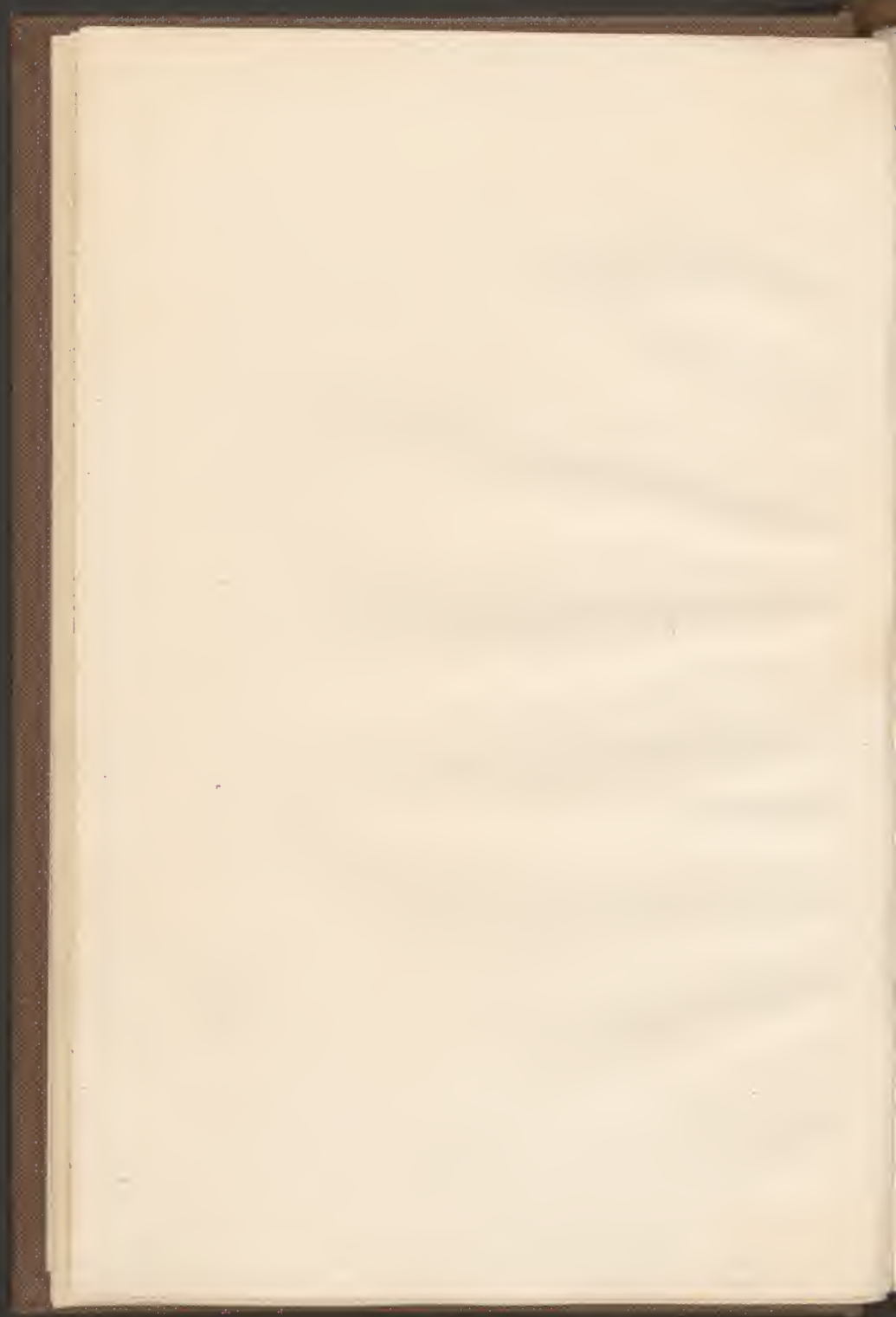


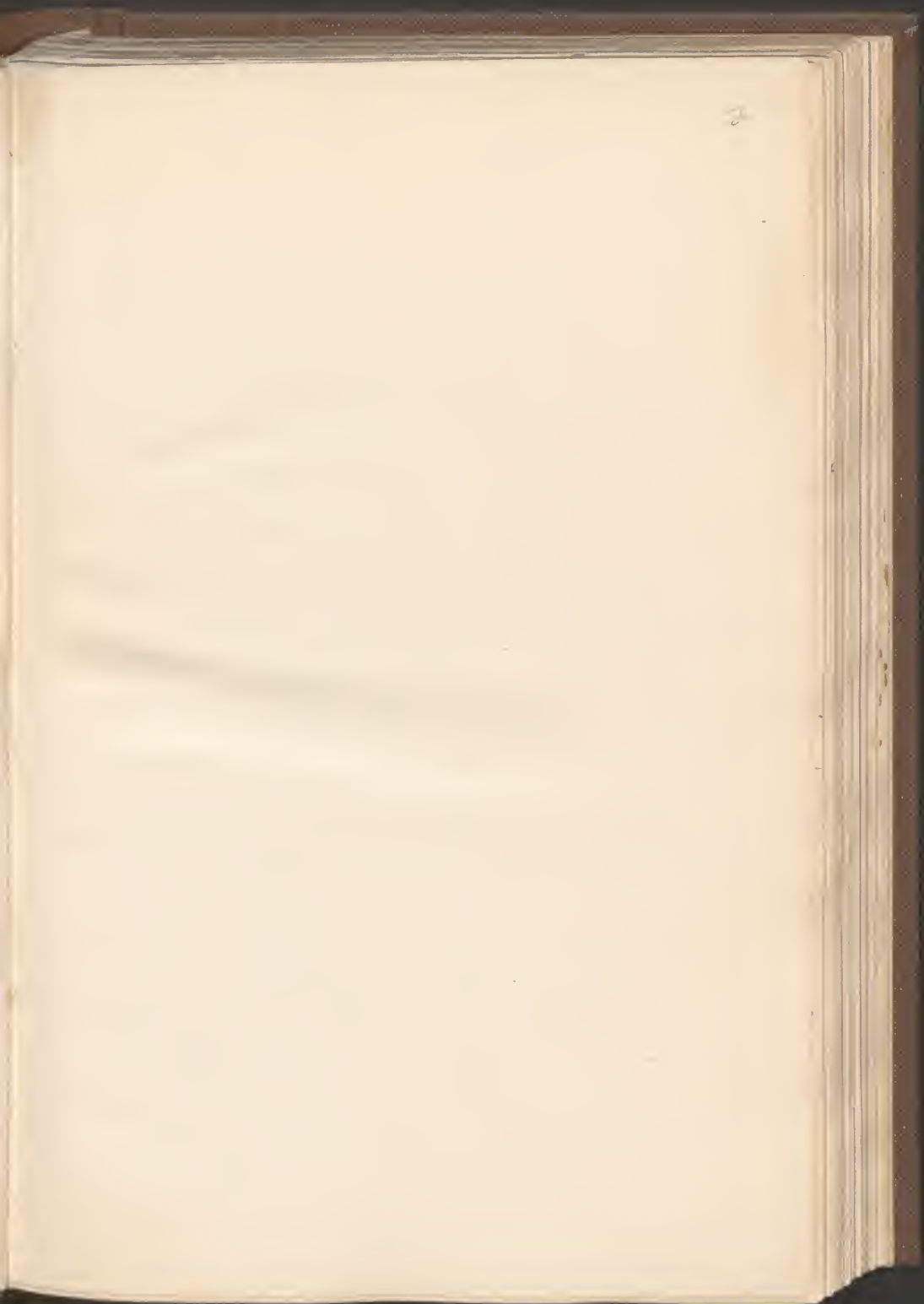


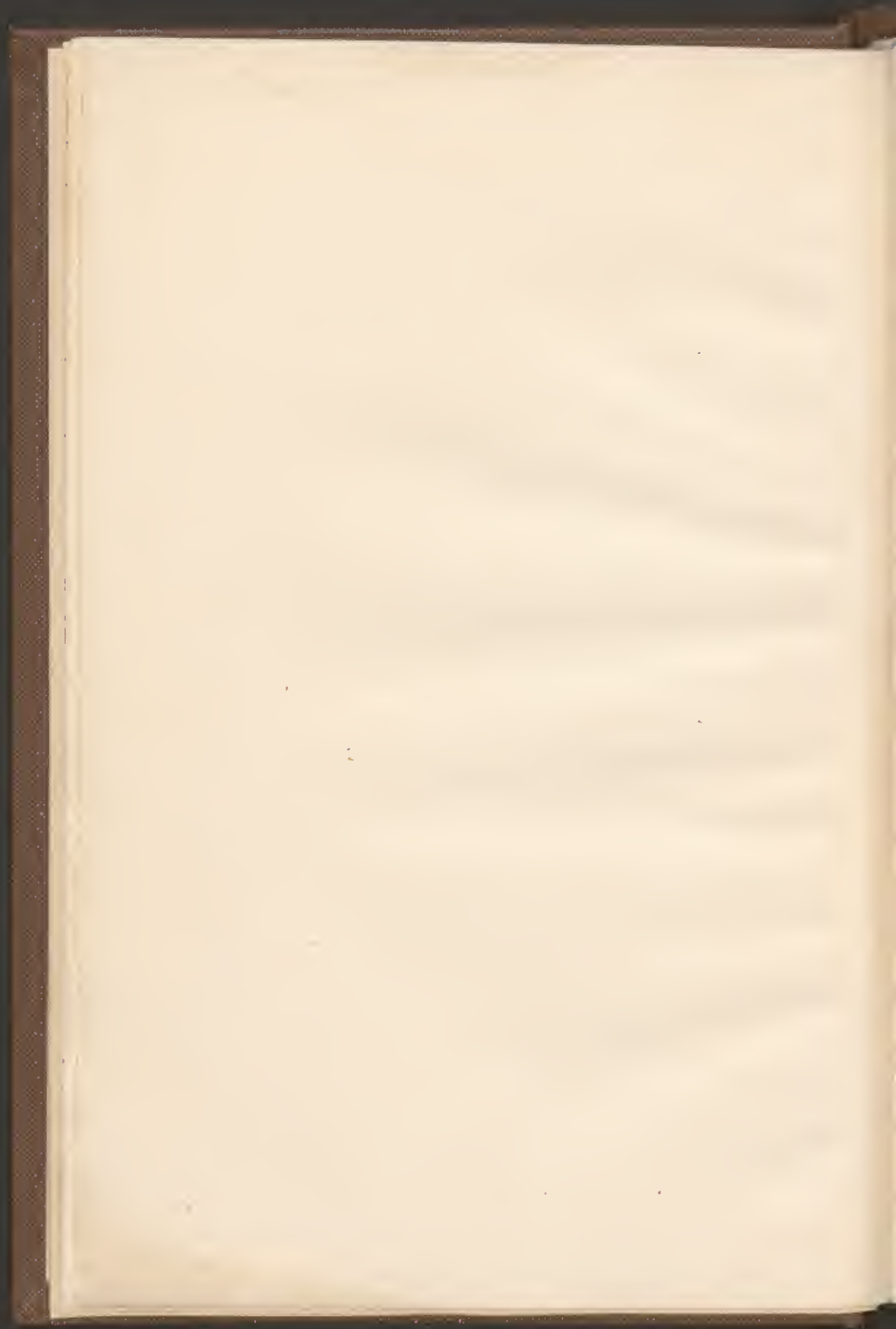


84-1692

(18)
Garden







Syngnathus of the
Lower end of the isthmus

is the most frequent accident to the
upper according to Prof. H's experience
but little has been said upon it
a sensation of cracking and tearing
attended the reception of the injury.

The foot is turned ^{less over the toes} in a way, a little,
there is some swelling on the outside &
it is felt as if pressing the joints
inwards. To be distinguished from
infection; from extension to the bone
the outside of the foot, in consequence
of strain.

Extend the foot a little, then
the toes outwards & press it to the part
of the foot. Apply a very thick
bandage of split and
bandage to the top of the
foot. It may be torn for several
inches.

Compound dislocations of the ankle
are very common accidents.

Prof. H. has seen much mischief arise
from short splints and tight bandaging

Wounds of the joints

The pain is generally on the opposite side of
the joint. Violent pain suddenly
occurs, & after a few days. It is gen-
erally attributed to taking cold - &
the ~~the~~ attendants attempt to sweat
it out &c. Ultimately excessive
suppuration occurs.

The wounds of the joint, communica-
ting externally, are more dangerous,
by far than internal wounds, as from
fractured bones.

No severe consequences may
result from wounds of the superficial
bursa, as for instance that on the exter-
nal surface of the patella.

The prognosis may generally be
a favorable one for the life of the patient
but the joint is apt to be ankylosed

Prophylactic treatment - ^{the ad. m.} Draw
the lips of the wound together, apply
bandage & a splint - & confine
the part to his bed. In se-
res, bleed se. to prevent infl.

Treat. of infl. Press out pus &c.
- it necessary probe the sac se.

In punctured wounds, with excessive
pain and swelling & violent const.

envelop the whole joint in
a blister - which will give great relief

Let large ulcerative cavities be
thoroughly parcelled with lunecarcatic
The irritation will be very much abated
by it.

Collection, that occurs
about the joint should, if they do not
disperse be opened & corr. sub. be in-
jected - we may first try discont. lot.
& blut. And in general, keep the
joint rest with care.

If inject. of sol. of corr. sub. will
put a little, moistened upon the point of
a probe & introduce ~~to~~ it down to the
bottom of the sore. the idea suggests

red red precipitate and an
almost instantaneous solution of ant. cups

Be careful that the limb ankyloses
in a proper position - if knee
straight - if elbow crooked -

(c) Dislocations of the
carpal bones

When the astragalus is dislocated
inwards, it is partly turned over the
external & under surface being above

Prof. H. has been known to have
partially disloc. He fixes it in its
place by a plaster bandage

Gun shot wounds

A cannon ball, said to move 2000 ft. in a second more rapidly & consequently than the passage of sound - hence it is ~~not~~ ^{not} ~~heard~~ ^{heard} ~~at~~ ^{at} ~~night~~ ^{at} night, the flash is first seen, then the ball whizzes by & lastly, is heard the report

The contusion is so great that the parts in contact with the ball in its passage are completely killed

The orifice at which a ball enters will have its edges depressed - the opposite orifice will be ragged

The course of a ball may be very circuitous - case in which a ball struck the carriage and passed around the neck coming out near where it entered. Tendons may divert its course & a ball may be carried before it as with the handkerchief & be pulled out and lost when the handkerchief is

Injuries formerly attributed to the wind of a ball are now ascribed

is taken off by a ball, the other is
not injured by the wound, and is ~~not~~
not explained by the oblique ~~for~~ stroke
of the ball and the yielding nature
of the skin. Bones may be come in two
and one of the viscera injured, without
breaking the skin.

Secondary hemorrhage rare,
ly occurs (Lecuyer 1600, American)
after gun shot wounds, and from
any hemorrhage is of course less com-
mon this sort of wounds than in others.

Baron Larrey mentioned to Dr
Heron that he had lost two feet
by a ball had passed direct-
ly through the body.

Compound fractures, wounds of
the joints are very dangerous.

Fracture of a bone is apt to be produced
in consequence of a gun shot wound
fracture of the cranium may be produced

1st ind. is to suppress her.

2^d extract foreign bodies

3^d to prevent inflammation

4th promote suppuration & separation of eschar

1st by pressure. 2^d by a
tunnist applied until legature or
an p. can be performed

2^d If a ball is too deep to be felt, it
should not be cut for. If it can be felt
by the probe, let an assistant ~~to~~ make the
skin tense, and let the surgeon enlarge the
wound & extract. If it is on the opposite
side of the body, make the skin tense ~~and~~
with the thumb and finger, & cut ~~and~~
and squeezing it out.

Another period for ~~an~~ for
and extracting balls & foreign bodies
is that of suppuration & sloughing.

2^d The French still keep to
the old practice of always enlarging
the wound. The British surgeon, have
abandoned the practice. John Hunter
originated the plan. The French speak
much of detredai, the wound by

taking off the tender of the fasciae. They uniformly make incision

Cold water is the principal dis-infectant of Military surgery.

With respect to dressing the wound the British surgeons say that the incision soon close unless kept open by tents.

2^d Of course for several days the wound looks very foul: the edges puff out & foulness (as Dr Larrey speaks of debridging) Poultices & fomentations sh^d now be applied

3^d As soon as suppuration takes place, poultices sh^d be discontinued & cerate applied

Look out for her or. when the sloughs are cast off. Direct the part. & the nurses to apply a tourniquet immediately if her or. comes on

When her. takes place, we can seldom depend on tying the artery at a distance. It will generally be better to amputate it near. Position

a complete division of the artery will an-
swer.

In hem. from the popliteal
artery, on account of the difficulty of
finding the artery in the ham, the artery
may be ~~severed~~ tied higher up.

The treatment sh^d be anti-
phlogistic strictly. Mr. Hennen directs
cal! & ant. at night. If severe
pain in the head or a back occurs with
high infl. in the wound, then bleed im-
mediately.

But when an inflammation occurs
we must give opium for irritation.
Dr Fuller of Columbia mentions, that
in the last war it was found necessary
immediately after severe gun shot wounds
to bleed in the first place & then to give
opium - Neither would answer by itself.

It is now agreed upon that
it is best if an inflammation is necessary
to perform it immediately, as soon as
the pat. has recovered from the shock
- & not to wait till the subsidence of

the fever &c.

Extraction of Foreign Bodies from gunshot & other wounds

If they are suffered to remain a cyst forms around them

We must take into consideration the nature & the situation of the length of time it has been in.

For if this is short we had better not delay but if it has been long in & gives no inconvenience, it may be suffered to remain.

Great suppuration in such cases and in other excessive irritation may result from its retention. Even a needle may cause great irritation.

Amputation

The best authority is now in favour of speedy amputation.

Baron Larrey does not hesitate to amputate even after bad symptoms have come on - as the pain &c. but apt to

to die: certainly rather a sad state
Prof. H. has experienced successfully
in cases of compound fracture, but less so after
the receipt of the injury.

When a limb has been shot off
you are fortunate of course. But in case
of fingers Prof. H. frequently content him-
self with picking out the fragments of
bone & dressing the wound.

When the ball has lodged in a joint
is when a limb is fractured it will
generally be left to amputate.
When the bone of the arm or thigh has been
broken, recovery takes place, and if
death does not supervene, the limb will
be apt to be useless, or with an artificial
joint. But, say, in a hospital, when it
is broken, struck and if struck near
the end, he amputates at the joint.

Very extensive injury of the soft
parts may make amputation necessary
or destruction of the principal arteries
and nerves. Amputation above the
knee, for injury of the upper part of the femur

Even after amputation death may
result from infl. of blood vessels, both
arteries & veins¹ - 2^d from metastasis
being found after death in the
ax. in the hip joint &c. Prof. H.
would always let such pass out.

In our climate & in G. B. suppu-
ration of the lungs takes place often or often
in warmer ones - 3^d by necrosis of the
bones at a joint. If the amputation
was not high enough at first it may be
necessary to amput. again.

If necrosis occurs after amps. the end
of the bone will be sharp and ragged
instead of being rounded by the absor-
bents.

If the ^{nerve} is entirely destroyed
paralysis occurs.

Tetanus is apt to occur from gun-
shot wounds - especially in warm climates.
Bar. Sur. applied blisters & actual cau-
tery - often with ~~good~~ success.

It is of the utmost importance whether the vein is ligated or not.

Mr. Hennen has tried ^{on} the ^{consequence of} vessel being tied.

Hospital Gangrene

Vide Hennen's med. surg.

The wound will become painful
hot, red, dark, finally livid & black
with near time the fever increases
and becomes more typhoid &c. &c.

In hospital gang. - Contrary to
what is common in other gangrene - the
arteries are affected & the gangrene
takes place.

Vide John Bell also

The disease is unlike any other but
resembles most especially of cell necrosis.
sc.

This dis. affects all the
textures, especially among the muscles - ef-
fects the deep parts more especially

Caused by bad air, and a malarial
state of the hospital. The affected patients
should be separated from the others.

It may be communicated by the disease,

Mr. Hennen found bleeding
gave great relief - the patient
would lay to be bled - cath. also -
He applied arsenic to the sores

and ultimately given up. In
all such cases something must be ap-
plied to destroy the surface of the
bone

White Swelling

Just opposite to the knee

Divided into rheumatic & scrofu-
lar. The first aff. the lig. & the second
aff. the heads of the bones. F. Cooper
denies however that the heads of the bones
are enlarged. Mr. Brodie, I believe
makes one division in which the artie.
cart. are aff.

Prof. G. considers white swelling
as always in the first place an in-
flammation of the synovial membrane & bursa.

We have pain, inflammation
a ~~temporary~~ a soft swelling, in
fact, under the lig. of joint
swelling of the head below

1st Acute form in pain. the
swelling like that of a rheum.

to descend on press of l. b. joint easier
 when bent. head ache, furrowed
 tongue, anorexia. pain in other
 parts of l. limb perhaps even as be
 low the joint.

The are center is again at the base of
 this with drop of the joint so called
 which is merely eff. into l. b. and so.

To disting. this from o. c. to o. c.
 it is only necessary to know that several
 joints are up - up. in anorexia - for
 in a c. c. o. c. to o. c. in any one joint
 may exactly resemble the o. c. to o. c.

Sore is, for long - crosses the
 ligament & points externally after the
 being a very. excruciating, root

2nd Chron. form - pain at
 first biting tenderness on pressure
 of pus - because it's part - wasting of the
 l. b. to be - or edema

After the part will be so well as to
 be a carriage to use the l. b. & perhaps
 speak it is having severe case at a c.

In the latter stage both forms are alike. After anky-
losis forms of the limb is well. But
ankylosis seldom takes place except
after suppuration. When ankylo-
sis is about to take place, keep a knee
nearly (not quite) straight & an elbow
bent.

In some cases extensive sup-
puration comes on & hectic so that
amputation must be performed in or-
der to save the life of the patient

1st or over infl.
of bone must be considered the kind
of infl. whether ac. or chron. When
there is a acute infl. of a large joint
v. s. & afterwards cupping, a carot.
& leeches. Mercurial cath. as in
other infl. of serous mem.
Opium per pain. If disint. rot. do
not relieve apply blister. But chil-
dren are sometimes thrown into convulsions
by them. Sarsaparilla is recommended

to keep sister open - but is apt
to produce a spasmodic retraction of the limb
at least in children. Boyer also directs
for children for a blister, then...
Set a blister heat up & apply...
am. - then in a few days apply another
blister.

If there said, boy cor-
rodes a bit. Put a hole - say as
large as a half pence - in a plaster
put the plaster on & the next day
plaster covered thickly. It corrodes
it, creates considerable pain & irrit.
of the skin. from it will last perhaps
3 or 4 weeks. Perhaps the gums will
be affected a little. The benefit however
is quite very great the joint diminishes
in size much perhaps.

Fumes are now made with
caustic kali.

Bar. S. has understood the
... Tetrin are used
but they give children too much irrit.
- apply the - but - generally
when the joint is recovering,

and is very ~~useful~~ & ~~valued~~ - much
advantage may be derived from
a plaster bandage

When the complaint is a sequel
of a fracture. mercurials are very benef.
no particular advant. is to be exp. for
mercur. oint. Give op. & cal. aa grs.

Canth. carp. & op. aa $\frac{zj}{ij}$ for a
liniment

Friction also is beneficial in the
latter stages

If suppuration occurs, open
immediately

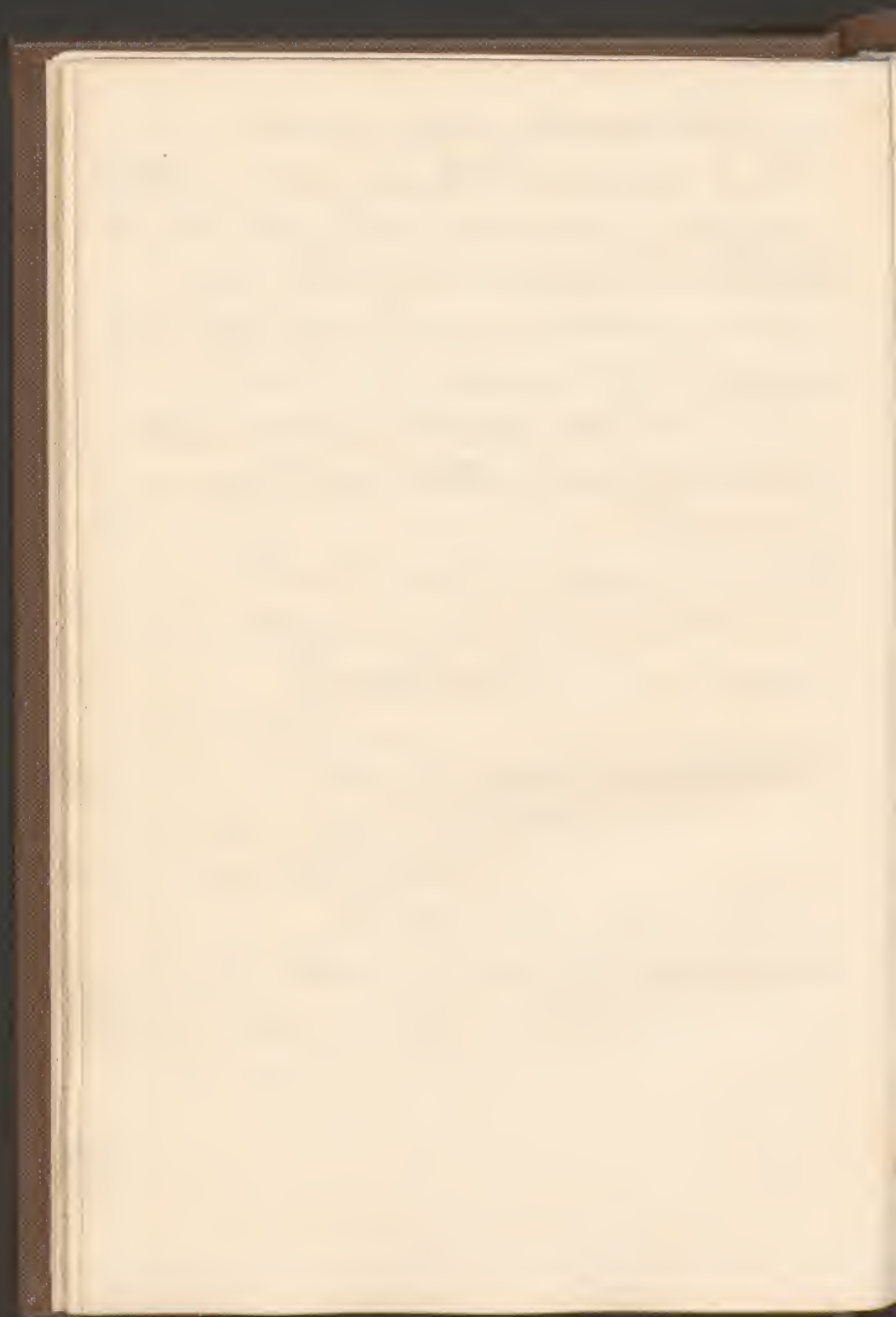
The dis. is apt to recur ^{again} for
in proper exp. & exertion & from
accidental injuries

Reaction of the bone has
been produced successfully as a sub-
stitute for amp. but not in the
bone

White swelling of the wrist

- Hand & fingers both flexed - Apply
a splint & compress & brace the hand
back. It will relieve the pain
& give confidence in the use of the
of good satisfaction.

Open over for small a suppu-
ration great relief will be given -



A Nervous affection of the wrists of nervous & hysterical females, No swelling - but pain, soreness, & inability to use the wrist. Blisters seem to do little good. Plaster bandages seemed to be of some service.

A similar affection occurs in the ankle joint - They get well perhaps in a while.

A dangerous affection of the tarsal joint has been met with - Prof. H. - Swellings (puffy swellings) like white swelling - eventually suppuration - perhaps a curdy matter issues - little or no pain at - suppuration Occurs in children & youth. Surgical writers call it a scrof. swelling - & advise amputation.

White swelling occurs, however in the ankle - but generally occurs in children, & in the chronic form.

It is met with in the children of cotton mills. Prof. H. has treated them

with cal. twice a week. at first

White swelling occurs also in the
shoulder and in the elbow

An enlargement of the bones at the
joints of the fingers occurs in females

It has been called gout - but Prof. H.
thinks it has no analogy. It has been
attributed to hard labour - but is often
met with also in others. The disease

will commence with pain & swelling
similar somewhat to white swelling.

It is accompanied by enlargement.

Prof. H. has generally prescribed
principally to the Constitution

- applying stimulating application, &c.

Podine has been lately used in white
swelling, with advantage

Hard Lips.

Once in a while it is said to occur
in the lower lip.

May be single or double - - - - -
may affect the bone. Varies from a
small notch to a complete di-

operation for hare lip most performed
in Wash. City by a man called

Prof. H. at first delayed the operation
the child was some months old

But now he operates on some, called, even
if the child is but a few days old

It seems to be the fact that children
with un-closed hare-lips are more subject
to bowel complaints

Prof. H. operates with scissors
Put in the lower pin first & push it up & out
upwards & then (with other half-moon lip)
downwards to prove & there being any
notch in the edge of the lip. It Two
pins only for children. Thread the
threads so as to cover the whole incision
Apply over the whole a plaster bandage
long straps of adhesive plaster.

Let the pins remain 3 or 4 days in
children & 4 or 5 days in adults

Take off the plaster very carefully -
over the side - then the middle -

Then take out pins by a rotating motion
and afterwards re-apply the straps.

Double hose lips have a central piece which is not to be cut away - but an incision is to be made in the shape of the letter M & then bring all together in one operation - thrusting the pins through the whole ~~the~~ ~~the~~

Cancer of the lip

May commence with a crack - then a scab - finally a hard tubercle which may continue for years, if not tampered with, without much inconvenience. The ulceration may commence in the centre of the tubercle - Cancrating pins occur & eventually extend to the lymphatic glands beneath the jaw & so on.

Common cancer of the lip may be cured by nit. sil. so. & does not resemble the cauliflower much

Occurs oftenest in middle aged men said to be caused by tobacco - in prob. case.

Prognosis favorable in general of the.

15

chorea has not been tampered with, if the
pat. is not intolerant & if the glands
are ^{not} affected.

Prof. W. has seen cases of affection
of the lip more resembling gingivitis haemorrhagica
than cancer.

Operation for hare lip

Bronchotomy

The operation consists in
making an opening in to the trachea ~~by~~
Laryngotomy is an opening into the Larynx
Bronchotomy has succeeded in some
cases of Cyano-chrysopygia
or extracting foreign bodies broncho-
my is to be preferred to Laryngotomy

It is the only certain mode of operating
there. Even if after some time the foreign
body is coughed up the pt. is apt to
die of pulmonary consumption

If the substance will be
coughed up. It may be necessary to
keep the wound open some time, in
order to allow of the exit of fragments

The foreign body may be above
or below the opening. Excite the
trachea to produce coughing & ~~pro~~
up the foreign body from below
Push a body, above sometimes upwards
through the rima glottidis, with a
probe. If you do not find the
body - keep the wound open. One
physician. Sept the edges of the
wound apart with blunt hooks.
Push a probe through the rima
into the mouth. &c.

N.B. Enlarge the opening of the trachea
~~Operation for fistula~~
with a probe pointed bistoury

Operation for fistula Larynx
is performed

Wound as open throat

Safety an English surgeon who happened to reach the patient with the instrument after a run of the carotid & saved the patient.

Dr. Horner also later, happened to be passing the carotid when a prisoner cut the branches of the carotid - he employed pressure & cut down & tied the trunk - the patient died.

Wounds of int. jug. vein are sometimes fatal from the rushing of air into the throat. Dr. Warren in an operation - upon hearing the rushing noise, immediately clapped his thumb on & stopped the operation - patient survived. Taking a full inspiration he has been recommended. The int. jug. is much in the same way in operations for the extirpation of tumours - it bulges out like an intestine.

Transverse wounds of the trachea require sutures - though some object to them. Food is apt to be forced into the wound - use a tube

The passage soon closes however
Sometimes a fistulous orifice is left - as
in the case of Vesika of Ky. - a tube
has to be worn for breathing

Injuries of the Head

1st external injuries

2nd concussion

3rd compression

4th inflammation

1st Ext. inj. - The incised
wound of the scalp is to be treated on
general principles. It is not be
necessary to tie every little artery
or vessel with a double silk will
do answer

Even if the scalp is extensively
separated, the wound may heal by the
natural intention

When there are uneven edges
wedges, sticks (the interrupted suture)
are useful. Sometimes it is convenient
to board the hair

In wounds of the scalp erysipelas is
apt to occur & more troublesome. Treat
it as for legs. in general - a.c. lead - or
if necessary, blister - bleed, cal. &c.

Delirium is apt to occur but soon
subsides.

Contusions on the head are
apt to cause alarm - often there is a
tumour caused by effusion & the edges
become often higher - a depression of the
bone is imagined and a surgeon will
be sent for to trephine

2nd Concussion

May be with or without an external wound

But one out of three is mortal
without any thing done

When first reviving^{ed}, vomiting is apt
to occur & generally gives relief - patient vomit-
ing better pulse rising - Absorbtion call
is a favorable symptom - But it
may grow worse afterwards

Blood often appears and the attendants
think it comes from the stomach but

upon examination we shall find it to have come from the mouth, nose, or ears

Symptoms generally similar to those of a shock. y. v. surface excessively cold

After the worst symptoms you will generally find the pat. in a profound sleep with a soft pulse - Stupor & in-
se. - more or less perfect.

In severe cases pupils dilated
Delirium may come on incoherence &
Pain in the head, intolerance of light &
se. &c.

Sometimes paralysis of the ~~opposite~~
one side occurs - sometimes fatuity
occurs & continues for months &c.

Treat by putting pat. in bed
applying heat, friction - give hot
drinks - aromatics moderate quan-
tities of alcohol. After the pulse
returns bleed & continue the bleeding
as long as the pulse rises

Phy. restores the circulation

by pouring cold water on the head - af-
terwards he bled.

Next excite the peristaltic action by
calomel. When symptoms of ^{top} infl.
of the brain appear, we must bleed & give
cast.

- apply cold water -

The head & blisters to the back of the
neck if the unfavorable symptoms
continue.

Dr. Rush advised evacuation
in bad cases & the best surgeons in England
practice upon this plan, at the present time.

If languor debility & loss of
memory remain, low-tonics may be re-
quired.

After death, laceration
of the brain are often discovered.

When soon changes
the symptoms into those which arise from
compression of the brain. Prof. B. believes
the same from concussion of the brain
to some soon infl. of the brain & effusion
- the palsy is always a secondary sympt.
- never one of the first.

3^d Compression of brain

Infants may not suffer from depression
lines of the cranium - They are said to
have depression without fracture

In adults fracture is necessary to cause

Sympt. stupor - slow depression
irreg. pulse - stertorous breathing - dilated pupils. Pat. appears
in profound sleep. Breathing
resembles that of a fatal cholera.
Pupils, perhaps irregularly shaped

Paralysis of the opposite side often
occurs. Sometimes vomiting which
Dr. H. thinks a favorable symptom ^{in compression?}

It may continue a week at intervals
until the depression is removed
Whenever it is liable to occur upon
raising the head we may consider it as
indicating compression

The second cause of compression
is extravasation of blood - which is generally
between the cranium and dura-
mater. but may be elsewhere

This sort of compression may

take place some time after the reception
of the injury.

In concussion the symptoms,
take place immediately after the injury -
the pulse is soft equal slow, regular
breathing soft - pupils not dilated

paralysis does not occur ~~at~~ immediately
ly - it is partial, ~~not~~ ^{not} hemiplegic. In
compression one whole side is more or less
affected if paralysis exists

Compression may, or may not
accompany concussion

Always examine very carefully
for fracture, or depression, even if there
is no wound of the scalp - the part
will generally wince when the fractured
place is pressed on

Bleeding is always proper
in compression unless much blood has
already been lost. Give cal. also

No English or Am. surgeon
hesitates to trepan. Yet Desault aban-
doned the operation. because ~~he~~ he found it
always unsuccessful. This was probably

owing to the crowded state of the Hotel Dieu
the symptoms are relieved
by operation - the nausea goes off
the patient rises - perhaps 20 or 30 min.

Prof. B. has seen fracture of the
cranium in two places. Patient died.
He. H. describes a case of fracture
of the basis of the cranium near the foramen
magnum. Caused by a fall on the
back of the head.

operation was formerly not
practised in London and all
one broke headed patients died.

Afterwards it was the practice both in
this country and in England to trepan
in every case.

When the brain is wounded we are
directed not to operate. Cases related by
Proc. of benefit from extracting bone driven
into the brain. He would make it a
rule to extract foreign substance from the
brain.

Inflammation may occur some time after the operation.

It is less than the one to occur, recover when a foreign body, as a bullet had lodged in the brain.

Oblique wounds with depression are less dangerous than wounds with sharp instruments.

If the patients are going to get well you will find no bad symptoms. If you do find them you had better operate.

Inflammation of the brain does not arise till several days after the accident ^{It} may come on (after 4 or 5 days to 2 or 3 weeks) from injuries which produce nothing more than contusion, or concussion, or after operation.

Wounds of the arachnoid membrane dangerous.

Inflammation of serous membranes as of arachnoid much dangerous.

Inflammation of the brain commences with pain in the head extending from front to occip. intolerable of heat and some delirium.

Con a convulsions ^{paralytic} death

Perhaps commences with a chill

Eruptive diseases, eruptions are apt to bring a infl. of brain, in such circumstances.

The lips of the wound become dry & flabby & pale - pus is not secreted

Where there is no external wound there will often be a & puffy tumour, of the scalp caused by separation of the pericranium. The bone beneath will be dry and dead.

(The pericranium appears to separate at the same time that the dura mater does)

Where there is fracture of cranium with an external wound, pus may collect under the scalp and issue through the fracture, & perhaps (if not let out) make its way through the scalp.

Prof H. has many instances seen a subacute form of this aff. takes place weeks or months after the injury.

He has known cases of dropsy, head, not only in children but in adults from injuries

Treat by powerful bleedings by
 mercurial & by blistering
 These means must be vigorously
 applied

When we have reason to think that
 the infl. is kept in depressed brain
 we should operate

Recapitulation Trephination

to be performed 1st for compression
 of depressed bone

2nd for compression from extrav. blood

3rd for compression from pus

1st For It would trephine a person
 even if in good health ~~without~~ if there is
 of bone were sticking in.

2nd As soon as the circulation is restored
 - if compression continues make an
 incision down to the bone and if there
 is a fracture, operate. If there is
 no fract. by bleeding &c. If a fl. of
 brain is violent & cannot be remedied
 if we know exactly where the injury was
 received, operate, to give a chance for

like - even if there is no fracture

Do not operate for mere concussion
it is more dangerous not to touch it
at the lower part of the spine over the
sinuses, &c.

Dr. Abernethy relates a case in
which the dura mater was opened by a
surgon - a large quantity of extravasated
blood was let out. the patient was
relieved and recovered

Let the dressings remain
on as long as you can until suppura-
tion takes place, or unless the patient
complains. Expose the brain as little
as possible

Exuberant granulations, rise
from a wounded brain. These are obliged
to recede to compression with their own
weight. If necessary they shall be cut
away with a scalpel.

Keep the patient in a dark & quiet
room head a little raised - If symp-
toms of infl. Brain or bleed & purge

Sometimes the fingers of the

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brain or hernia cerebri is very formidable.
I think he is seen in a
variety of cases. I was a hernia
of the substance of the brain.

Mr. Greenough advises bleeding. Prof. H.
has never seen a case which required it.
If there is a true hernia of the brain
the patient generally dies.

We are not to suppose whenever
there is paralysis, it is due to it. may
be due to concussion & cause paralysis.

Prof. H. has never seen persons recover properly
after febrile, severe inflammation & paralysis.

Hence they may be hemiplegia & infl. of the
brain without compression. Cases related
treated with bleeding and blistering &c.

Considerable insanity may follow concussion.

Great advantage is derived
from cal of op in alternative doses - cal. 5,
op. 2.

If the compound practice
will then be considerable exfoliation of bone
as we never saw, in this way, be kept

... from necrosis. Perhaps
this may be an addition to necrosis -

Wounds of the Throat

1st those which do not penetrate the ^{cavity}
2nd those which penetrate, but do not
wound the viscera

3rd those which wound the viscera

The first kind require no particular
treatment

The second, give great distress
for breath the air rushes in and the
lung collapses. Close the wound
immediately - relief is immediately given
by it. The air becomes absorbed by it

The third sort, generally, require
a somewhat doubtful prognosis. Bloody
expectoration generally takes place.

The main indication is to cover & or remove
infl. If there is diff. breath. coughing &
bleed, purges & blisters.

Emphysema may be enormous
 We are advised not to be in haste to dis-
 charge & exsanguinate. Place the
 patient in a proper posture for letting
 out the blood. Where the accumulation
 of blood is considerable there may be an
 external echynosis, if it occurs,
 will always indicate exsanguination.

In urgent cases paracentesis should
 be performed for accumulations of air
 within the thorax.

Bro. has always found em-
 physema relieved by puncturing the
 cell-membrane.

When an emphysema occurs it
 commences with pain in the side & symptoms
 of fever (pleuritis or pneumonia).
 A chill or more, will come on about the
 time of the suppuration. When the pus
 has collected, the pat. can lie only on
 the affected side, in order to relieve the
 throbbing pain. Respiration
 is performed by the diaphragm & abdominal
 muscles - the abdomen, perhaps swollen

perhaps there is a fluctuation
externally perhaps the heart will
be pushed over to the other side.

Percussion gives a dull sound

Make the opening between
the 6th ^{and 7th} ribs, ^{unless there is a tendency to a larger size there} about the middle

near the upper edge of the lower
rib. Make an incision about 2
inches long in adults - extend it at
out ~~an~~ inch or half through
the muscle, - let the opening be about
 $\frac{1}{2}$ an inch through the pleura

The air ~~now~~ rushes in & perhaps
the pus may not issue at first - in
this case turn the patient over - keep
the wound open with a slip of rag
& dress with a wet rag & rag.

The discharge may continue for years

It often happens that the

pus does not occupy the whole sac of the
pleura - being in a sac which is limited
in extent by adhesions to the pleura

Hence it is important to make the opening
at a tender spot or one where there is a

perforation

The usual course of, of opening,
a large abscess, result. The whole, the
the influence. These are generally, be
chills, and fever. Small doses, of
opium and calomel do well. But quinine
is the principal remedy. Tonics, is a
better experience. This may terminate
fatally, or near upon health. Some
of Prof. H. ever a patient recovered, the
I have discharged - and a very
good result. Scurvy, says patients
under 20 years, are more apt to recover
because the cartilages are more pliable
Prof. H. has succeeded in more than
half his cases - and in many of the
operation was a month or longer, to let

I expect recovery - that side of the
chest is smaller. The pleura must ad-
here, if the part is to recover.

Sometimes, lumps, of matter were dis-
charged.

Amputation,

Less frequent now than 40 years ago.
In the old war, many limbs were improperly amputated by surgeons' mates.

Necessary from a variety of causes,
At the present day, many compound fractures are cured which would formerly have been amputated. Necrosis now rarely necessitate an amputation.

Great judgment and firmness are required. Some patients will get angry and send for another physician.

An amputation was first performed with a red hot knife. Then the surgeon cut directly down. Then Ethel-den introduced the double incision. Then the flap operation was introduced.

Mr. Liston has lately proposed to transfuse the limb. Ben Will was the first to propose the healing by the first intention. At length amputation at the joints was adopted and found to be very safe.

When patients are very low with chronic disease, it is apt to be successful.

that the patient will die of the operation. This
however seldom happens.

In case of excessive shock from loss of a
limb &c. amputation relieves the shock
according to Naval surgeons. Case of Mr.
Harrison

Prudence is required in com-
municating the necessity of an operation.

It is very improper to discuss the matter be-
fore hand about the neighborhood.

The patient of the point
of the limb performed in N. B.
The most point is also in the
lower end of the limb.

Wounds of the face and throat
Introduction of a cannula for respiration

Wounds of the eye ball cause a fistulous
of the upper eyelid - the ^{lacrimal} duct
may communicate either the upper or the lower
lid to the ~~cannula~~ or tract

Wounds of the ~~eyeball~~ ^{eyeball} causing
the supra ~~orbital~~ ^{orbital} foramen cause
blindness - Vide Croonian Dict. art. anastomosis

Division of the parotid duct
may cause a salivary fistula. Salivary
fistulae may also result from an abscess
or from operation for the ~~removal~~ ^{excision} of tumours. Prop. H. has healed them by
trephining with net. sils. and applying a dress-
ing of lint and a graduated compress

Cure by means of a trocar &c
cannula &c.

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the method is probably a bit too

(1) Disease of the nostril

the nostril is the passage of the air from
the lungs, this is the place

from which may be in one or more colors both

discharges of the air the nose but the
on the right side the discharge continues
for some time. But frequently, very

often yellowish green.

the air is so great in the nostril that it
has become a trachea. If this happens
the nostril a cure is effected

The bone may be absorbed in a
the absence of the bone or under
the eye

Distinguished from his ulcers by the
febrile state, by the lameness - the
tongue - pain not in peroxysms - general
state and heat is different.

Cure by making a deep dent
opening. Extract the 1st or second of
the lower incisor teeth unless one tooth
is particularly affected. Make an
enlarge ~~the~~ opening by a gun let (say)

Keep a bougie in to prevent the surface
from closing. Synt soap and water
spirit and water &c. Set the part.
near the bougie 2 or 3 times eventually
use a probe - & finally a knitting needle

When the discharge becomes serious, we
may conclude the membrane to be near
its close.

Even if the discharge has taken
place into the nose or on the cheek
if it does not soon cease make this
dependent opening.

Sometimes the opening is pointing
of the abscess is into the mouth near the
gum - generally it will be the best

to enlarge the opening use a bougie &c.

2nd Polypus of the nostril

There is generally a polypus, in the nose
or a polyp. in the nose enters into the
nostril. If it grows with antrum
exclusively, it must be extracted by
opening the antrum externally - through
the cheek

3^d Fungus of the nostril

Affects adults and children

Little or no pain while pressure is
made by the finger on the bone

The bone, becomes absorbed, ^{soft and} and a ~~spare~~
springy feel may be perceived

It may project into the nostril - exter-
nally - or under the eye, protruding it

The disease becomes horrible, the whole
side of the face becomes affected.

General health affected - vomiting &c.
Death

Distinguished from a cancer by its
slow progress; absence of pain at first

went of pus &c.

It is said that some cases have
been cured. Probably many of them
approach more to the character of
polypus

The bone becomes so soft that
it may be easily cut with a knife

Desault makes an opening
just above the mouth, or just inside
of it ^{so as not to pass} and applies the actual can-
tery (through a cannula) thoroughly through-
out the whole antrum and if the fungus
grows again repeat the Cauterizing

He says he has effected several cures

Prof. Wilson describes some crooked
bones which he has removed for the
purpose of exposing the antrum

Polypus of the nose

These tumors have no sensibility, tho' they
bleed

of a soft kind, and very vascular
nearly the color of a ^{rule of thumb} ~~apple~~ ^{egg} ~~apple~~ ^{egg} ~~apple~~ ^{egg}

1st with a broad base - usually, of a
red color

3^d Malignant as fungus etc.

The first kind is enlarged in damp
weather. The second kind never bleeds,
fungus flesh. The last kind is, a true
fungus has not a blood accompanied with
concentrating parts, so they may produce
Proctos leucopneumonia

Dr. Abernethy cured some patients
by prescribing for the disordered stomach

Exsanguination by the goose is the only
mode of cure. A ligature cannot be
applied. Dress off repeatedly until
you have got a great root out

Introduce through a cone of paper
some caustic kali. The polypus will
disappear but will return again
generally. Blood root must be used
it will after an operation

Scissors When they extend into the
throat apply a cannula (L. Bell.

Prof. St. once extracted a polypus
4 in. long - It extended into the airway

It is, contracted in the middle like a wash

The ^{or l. out.} ~~acid~~ ^{kind} are more dangerous
abt to cause absorption of the bone.

R. eari leuc, 3j opium 3j a good
snuff.

For polypus in the throat J. Bell
uses a wire by a canula, through the
nostril, takes hold of it in the throat &c.

Tumours on the gums

Usually dark red, ^{sensitive} spongy, if suffered
to grow they press upon and loosen the
teeth. Extract the teeth, if dependent
on them.

But they may appear on the out-
side, on the inside, or between the teeth &c.
Cut them away and cauterise immediately.
The actual cautery is the only ef-
ficient cure and they may reappear even
after this is used.

They are covered by the internal
membrane of the mouth, which must be lacer-
ated.

Prof. St. has known ^{from an abscess} a polypus

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give through the gum - containing fungus
- a fungus may sprout upon the
Extract the tooth - clip off the fungus -
Canterize. Sulphuric ac. has been
used also. Cor. 2. 6

Enlarged tonsils
May obstruct the breathing
Give cal. 2 or 3 times a week.
Gargle with borax - or with nit. sil.
3 or 4 grs. to oz. - or touch
with nit. sil.

Removal has been proposed by
ligature. The knife is better.
Prof. H. seizes the tonsil with a tenaculum
and quickly slices off, at a point
with a tenaculum. Dr. Mackenzie
has an instrument.

Great relief is rendered. A probe point
- the knife is not necessary.

Disease of the Eyelids

1st Infl. of lin. memb. red swollen
hot, dry, finally increased secretion
of mucus, (so that mgs. harden ^{see 2nd})
In the morning the lids will ~~be~~ be glued
together. May proceed to ulceration
of the edges, with loss of lashes.

Caused and kept up by reading at
night. by snoring - by drinking cider &c

Apply cold water frequently
Sometimes bleed - the recommendation is for
cupping, and leeches Prof. A. has known
great benefit from v. s.

Calomel is to be given.

The best collyrium is rub. zed. dropped
3 times a day. Apply an ointment of
red precipitate ^{about} 30 gr. to 100 of lard -
at night - let a little of it penetrate the
eye. This gives no much irritation
Anker's cerate

If there is much heat, apply ac. pl.
Fedi Corp. Sup. Diet., w. opth. for
a small method of curing opth. thal. in
compression

Granular conjunctiva

Caused by the continuance of the preceding. Granular ~~spots~~ specks

enlarged vessels - sometimes a puffed fold like a ~~ball~~ ^{ball} ~~can't~~ ^{can't}, just where the membrane passes off upon the ball of the eye - sometimes warty excrescences

Apply nit. ac. or asept. cop. in substance to the granulation. Sulph. Copper is most effective. Treat the lid, apply the caustic then wash then return the lid.

Parse off with a knife or clip off with scissors hard granulations

Prof. H. has seen little advantage from scarifying. If you can, clip off enlarged ~~veins~~ ^{veins}, with scissors - this sort of bleeding is much more efficacious than scarifying

Contraction of the lids

Sometimes congenital - often the result of ~~inflammation~~ ^{inflammation} in the cornea or part of the

Divide with scissors - Open the eyes frequently - in a day or two touch with nit. ac.

Ectropion

Generally caused by cicatrices from
burns, &c. Chronic inflammation

is apt to come on in the eye.

Mr. W. Adams cut out a piece
Mr. Cooper cuts off a part of the thick-
ened membrane

That variety which occurs in
old men may be cured by applying
nit. sil. & then ~~applying~~ using compresses
&c. Wear Goggles

Trichiasis

May be caused by wrong direction of
the hairs, or by turning ⁱⁿ of the lid (Ectropion)

The eye may be destroyed by it
caused by cicatrices near the edge -
which causes the new hairs to grow
wrong

Pull out the hairs, and
touch with aq. ammonia & nit. sil.

When resulting from relaxation
apply adhesive plaisters - or cut out
a piece with scissors - or touch with
strong sulphuric or nitric acid over

an oval shaped part

When there is a wrong direction
of the edge - cut out a slip of the lining
membrane & - in order to allow it to
to turn out

If all means fail of curing cut
off the edges of the lid.

Phos. of the upper lid

Has been cured by a keratin extract; by
nit: ac. as above - by cutting out a
slip (—)

Hordiolus (style)

Ordinarily nothing is to be done but to put
it in. For this, the suppurator is a perfect
especially in delicate persons - a tumor
may thus be left behind - and give great
alarm, being mistaken for a cancer or a can-
cer. There may be a granulation of the in-
side of the eyelid abscess just as in
scrophulous abscesses. They are readily cured
by touching with nit. sol. If they do not
burst - and the skin is white over them - so that
they run to a cure - lay the - thoroughly

for in a touch with the retina.

For cysts between or of the lids
can be removed without inflammation.

They are to be taken out either inter-
nally or externally when they do not ad-
here to the lining membrane of the
eye, you may often succeed by splitting
the lower eyelid and pulling out the cyst.

Ophthalmia

Inflammation of the eyes

May be considered in reference to the
whole or a part of the eye - but if one ^{part} is affected
the rest are apt to become so.

Endemic in Egypt and China
during ^{the day} ~~the day~~ - Erythema, hot season
less - the eyes kept closed - severe
pain in head and face - photophobia -
tears or purulent discharge - Redness and
swelling of the eye - If the secretion is copious
the redness is of a darker colour (and
apparently stationary) - If the secretion is
not profuse the redness is temporary
and the membrane is so much swollen -

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that the cornea appears deformed
Ultimately the cornea appears dark
a little. The aqueous humor is becoming
somewhat opaque.

The cornea may eventually coat off.
- Suppuration of the eye internally causing
it to run out.

Causes by operations, by foreign
sub bodies - Atmospheric influence. En-
demic influences &c. Prof. H. has known
it alternate with intermitte &

The most powerful remedies, sh^d be used
First stand blood letting. The British

surgeon in Egypt drew 60 ounces

It is of consequence for what part you bleed

Prof. H. would bleed at the eye (in an upright
posture) give ʒj cal. followed by neutral
salt - afterwards apply ac. lead

Collyria are not to be used - but nit. is
employed with great advantage (3 or 4 or more
grains to the pint - more for chronic opt. th.)

If the pain &c. recurs repeat the bleeding
& cal. ac. Antimony is much relied on in
Europe. Prof. H. has used it only as an ^{ant} adjuv.

Use the int. sol. 3 or 4 times a day - not too strong - just strong enough to create a little redness at first

If the eyelids stick together, by a discharge from the humor apply the mild mercurial ointment

Prof. H. never could see any advantage from bleeding from temp. art. or jug. vein. Cupping and leeches may be used - but sh^d. not be relied on to the exclusion of general bleeding.

Letting out the aqueous humor has been practised with advantage. Vide J. C. Morg. Dict.

Plasters to the nape of the neck are beneficial

When the disease becomes chronic a variety of remedies are used

Int. sol. continues to be beneficial. It makes the surface of the eye feel smoother

Unius truct. sp. (Hydrarg. Lencianum)

sp. 3 ii cin. & cloves aa ʒi mix 1 pint.

digest a week - This is often beneficial. Continuing it a little at first has a

R sulph. zinc & ac lead aa grs vi wat.
oz jii we have ac. du c. This is a good
collyrium

Scorification seems to be of little use
Opium is useful. Dover's powder is a
good form.

As soon as the pat. can ^{bear} the light
accustom the eye gradually to the use of opium.
Tonic are seldom indicated. But
in intermittent countries Sulph. quinine
is highly useful. Bleeding &c. may be
employed, (with real gum. & the late periodicals).

Cataract

Many originate from wounds & other causes.
Its commencement indicated by, halos as
observed around a candle & other such ap-
pearances.

To be distinguished from an aneurism by
spec. ly, by insensibility to light - contrac-
tion and dilatation of pupils &c.

It may be complicated with an aneurism.
In an aneurism, flashes, scintillations &c. are
felt. Proceed to operate without

debilitate the patient with low diet
& a state of anxiety and apprehension.

It is customary now to dilate the
pupil with belladonna or atropine
before the operation. Apply it
1st to the eye, eye lid &c. the night before
^{and the morning before}
do a little in the eye.

Enter the needle about a line & a
half in on the edge of the cornea -
the needle being having its surface hori-
zontal. Pass the needle up with top of
the cataract turn the edges perpendicular
- press the edge down - lacerate the
capsule thoroughly - then turn the needle
horizontal again and carry the cataract
directly downwards. If your needle
is a hooked one turn the point first
backwards in lacerating - then downwards.

If the cataract proves to be a milky
one, lacerate a little and do the best you

After you have depressed, with-
draw the needle ~~and~~ ^{and} push it
if the cataract rises, again depress it.

again

A cataract must be cut to pieces and pushed through the pupil & into the anterior chamber.

A secondary cataract must be pushed through also

If the operation is to be repeated let an interval of at least two weeks intervene

If both eyes are affected it is a good rule to operate upon one at a time. It may often safely be repeated with safety, however.

Be very cautious about using the eye for some time. Wear a green shade at first.

If there is much pain, bleed & give opium

Cataract is a Laceration

For a long time only two operations viz. extraction & depression. It was found however

that congenital cataracts which are generally seen in animals, would be absorbed after laceration

First established by Saunders, at the eye

intimacy in London

Two modes of operating - the anterior & posterior. First divide the pupil with bellows or strabismus.

Dr. Saunders used the anterior mode & made an opening through the centre

He was directed not to wound the iris; but some surgeons do not hesitate to do this

Dr. Saunders was frequently obliged to repeat his operation a number of times

Extraction

The advantages are that the operation is successful at once that a hard depressed cataract lies on the retina & irritates the eye &c.

On the other hand, secondary membranous cataract is said to occur sometimes after extraction - the vitreous humour sometimes escapes. Pott H. has always found a scar across the centre of the Cornea, afterwards. It is said that inflammation is more liable to occur. This is denied by others, who

say that extraction is the safest in this respect.

Enter the knife at first perpendicularly then carry it horizontally.

Put the patient abed and keep him on his back. B. the eyes must be kept closed for some days. The green humour flows for some times.

When the eyes are first opened, if we find any of the iris protruding, we must endeavor to restore it. Extract belladonna will perhaps assist this.

Prilis

Redness dark. Caused by lachrymation. Treated by permanent contraction of closure of pupil or by green p. d.

Suggested to get a box of green p. d. rest by one full bleeding. Never mind weakening your patient provided you save his eye.

Bring the system under the full influence of mercury as soon as possible. Though it divides is sometimes caused by mercury, yet this is proper for its cure. Conjugate opinion

Day 1st op. 8 2 grs. Cal. 2 or 3 times
day. Merc. ant. is rubbed in to the eye

Along with these remedies are used
to remove permanent contraction of the
pupil. Stramonium & Belladonna

R. R. a. pr. 6 grs. Op. 8 grs. Card 2
Apply warm fomentations. Collirium
of Crocus oil & Sydenham's Sanguinaria
is used. Keep the patient's eye dark
Push the remedies if necessary.

Prolapsus of the iris

May result from a wound or by separation
of brownish humor (or purple) - size from
a pin's head to a pea, as large as a testelant
Called Staphyloma of the iris

Erignate pain is felt after closing the eye
Poke it on one side

In recent cases the prolapsus may at be
returned and the eye kept at rest

If this does not succeed the application
of stramonium may draw it back

In older cases where it is of long standing or
where it has followed suppurative ulceration
the pushing back with a finger will not

under. in the way, treat them with
nit. sil. can follow at first by a leathern
covering is formed which protects the part

little more about a sulph. of zinc is a
good application. It may be neces-
sary to draw out a portion with a hook &
cut it off with scissors.

Prob. He has treated several cases
caused by wound with a pen knife with nit.
sil. & has been successful.

Inflammation of Cornea

Dr. Ferrius questions the propriety of considering
the Cornea as subject to it. Deposits of opaque
matter however do form. An ulceration of the
lining membrane may follow and discharge
into the aqueous humor. Inflammation of the
Cornea may

If you perceive the cornea growing opaque
under your exertions,

Ulceration of Cornea

1st Frontal ulcer, or by a fistula. An ulcer of the cornea
feels as if sand was in the eye. Great pain

deciding not eye kept closed - children
hold their heads down

Treat the ulcers with nit. sil. in case
2 or 3 days In young children we may
inject a strong solution of boric acid in the eye.
The cicatrization of these ulcers generally
runs away.

2nd Indolent, deep sloughy ulcers
- larger the lower slough - may be $\frac{1}{4}$ to $\frac{3}{4}$ of
an inch in diameter. Near the Cornea
more freely. When they change from
this grayish to a pink colour we may
expect them to heal soon.

Patients may in the latter stages need tonics
Much mischief is often done by injudi-
cious purging

Abscesses of the eye

The pus settles down in the lower part of
the anterior chamber & exhibits a half
moon shape. Make a puncture with
a spear pointed lancet. In one case
Prof. H. found the Cornea opaque - the iris
was moved as it pushed about closing the

the puncture ~~is about~~ closing gives im-
mediate relief

Small vesicles may form & when
they burst give rise to irritable ulcers

Opacity of the cornea
Mr. Travers advises coll. of nit. sil. &
alternately of cor. & b. the latter is applied
to the cornea. Divide the enlarged
vessels with a hook & scissors, this gives
great relief it destroys the vessels

It also, substances are blown in e.g.
lengated glass, catenaria, white sugar
The utility of them seems very doubtful

Q. pyrogen advise 1st general v.s.
or leeches 2nd a seton in the back

3rd R. Saff. Cal. Pulv. & Candied sugar
equal weights in powder. He

says that specks and cloudy opacity
may be relieved by the powder above

Mr. Travers perseveres in a course of
mercury

Staphyloma

Cornea projects so that the eye cannot be closed - causing great irritation & pain. The cornea is perfectly opaque & vision entirely lost.

First pass a ligature transversely through the cornea & then pass a cataract knife through & finish the operation with scissors.

Fungus, tumours of the cornea. A small hook & scissors are the proper instrument. Follow with wet. lid. Clip off enlarged bloodvessels.

Pterygium

A reddish triangular ^{membrane of the brain} membrane ^{in part} growing from the internal angle of the eye. Sometimes it stops just at the cornea. At other times it passes over. Sometimes, but rarely, it arises from the external canthus. It causes a pain-ness to infl. of the conjunctiva. Does not lodge on the membrane & is not easily re-

moved. If combined with cataracts, then
must be first cured.

Excise this: elevate the membrane with
forceps in a hook & clip off with scissors,
as far as the edge of the cornea. It is
unnecessary to remove it as far back as
the carthus. Even if little points re-
main in the cornea they will be absorbed, if
you observe continuity.

Excise this

An excrescence growing from the Corneal
lacrymalis produces great irritation.
Cut off with scissors. Prof. H. has known
a large one cured by touching repeatedly
with nit. sil.

Protrusion of the eye

Generally preceded by inflammation - always by
intense infl. Cornea always opaque.

Denudation - exposed conjunctiva to the anterior
chamber. The sclerotic becomes thin &
bluish - like a soft shelled egg - irregular
also. It is caused by a wound.

Tape the eye with a transparent lens &
a cornea knife. Repeat the operation.

tonif. tubes - ultimately the cornea
grows, thickens and retracts. This is the
mode for the anterior dropsy.

Whether the dropsy of the whole ball
can be cured in this way is not so clear.
Dr. Cooper directs a piece of the cornea
to be cut out - of the size of a pea.
Heaven, says all the humours cannot be
evacuated except by cutting out a
part of the ~~cornea~~ iris.

Cancer of the eye

When seated in the conjunctiva, there is
a thickening of this membrane - and per-
haps the cornea is obscured. Eventually,
the whole eye is involved. Ulcer with hard
edges. ~~Tumour~~ Extirpate, with
a straight edged scalpel

Restrain haemorrhage by pinching & torsion of
the arteries, with forceps

Prof H. would put matter, but not
sponge within the orbit. He would
dress with Can. sp. & band.

Fungus, haematodes, of eye
(Formerly, called Cancer)

In the first stage the pupil is dilated
in, discoloured (dark green or amber)
The fungus can be seen in the bottom of
the eye - like burnished iron. The sclerotic
coat becomes knobby, bluish &c.

Finally the cornea & sclerotic ulcerate
(Fungus finally protrudes, dark red
bleeds easily. Cancer begins, exter-
nally & eats away. ~~It~~ it is a disease
of advanced life. Fungus is a disease of
child hood? These two diseases, never
be each other more in the eye than elsewhere.
Prognosis after extirpation very doubt-
ful.

Anisocoria;

Function of the eye without any external appearance - except want of contractility in the pupil. Dil. pupil said to be ^{a symptom}

May be caused by infl. of the retina -
or tumours pressing on the nerve or the
brain. Occurs after excessive use
of the eye in viewing the minute objects

Vision has been restored by propp-
er rest ^{trafl. of eye} if begun early and pushed
vigorously, when it arises from acute
inflammation of the retina -

infl. of retina destroys vision suddenly

- Chronic infl. destroys it gradually,

Coro. sub. has been pronounced to cal.
in this disease - On the Continent of Eur.
London only is celebrated for this complaint

Cases caused by epilepsy, however, of
the organ are of course hopeless.

Protern. dilat. of pupil
Lelan and dioptr. complaint

Protr. contr. of pupil

Myopia.

Constant rolling of the eye (just as in congen. Cataract).

Commonly caused by infl. - may be attended by opaque lens or capsule or not. For recent cases apply belladonna

Past venereal originally, if there is inflammation

Closed pupils may be attended with opaque cornea or not - opaque lens or capsule - or the eye may be full & prominent, or flattened in & with a large ex. & c. & c.

Ascertain carefully whether there is remaining any sensibility of the retina

Three modes of operating

- 1st a simple incision
- 2^d removing a piece of the iris
- 3^d tearing the iris away from its attachment

1st Child's mode

Another way it is to make an incision with a knife & then with scissors ~~cut a shape~~ make two incisions & shaped

Division of the frenum.

Prof. H. has had one case of a ligamentous frenum binding down the frenum.

Wounds of the tongue.

Stick it together. - use Physicks for cure.

Enlargement of the tongue

Caused by mercury, which has sometimes made it so large that it would nearly be better in two by the incisor teeth.

Ulcer, indurated & tumorous,

of the tongue. Caused by irritation of the teeth by disorder of the digestive organs &c.

Cancers may grow there. Encysted tumours

may grow there. Use alum lozenges
nit. dil. (nit. dil. ^{15 gr to 2 pt} in a gargle).

Ulcers of saliv. ~~in~~ ⁱⁿ mouth with nit. dil.
Internal use of opium is the best rem-
edy for salivation. Purgatives are in-
jurious. Solution of Cor. sub. is a
good gargle for a number of mouth
ulcers.

Excise cancerous & tumorous
parts. Cut out a v. shaped piece
when the tumor is on the tip of the tongue
bringing the edges together with stitches
Cauterize to stop hemorrhage

Enlarged tonsils

A curved bistoury is recommended
Prof. H. uses an abscess lancet or
a stick - for an abscess. If no
pus issues, no harm has been done. The
Scarification will do good

Prof. H. has several times met
with inflammation and abscess on one side
of the tongue, ^{near the root} very painful. Operate with

great relief. Temp. 100.

abscess of bursa mucosae. - the abscess
coll. its sides by lined with a smooth mem-
brane - incline to close up, like bursa
mucosae

N. B. abscesses, near the surface of
mucous membrane, are apt to be fetid - the
air apparently acting through the men-
brane

Cut off enlarged nodules with
scissors, no fear about haemorrhage

Pileo sarcoma

Formerly the patients were suffering die
Dr. of Tennessee was the first to perform
the operation. In some cases the wound
has not healed after the operation leaving
the patient in a loomed state. Dr. Cogswell
relation - case of this kind in a man living in
Fairfield city who had been operated on in
Philadelphia. Prof. H. would prefer
Hors. Coates mode of operating

Sarcoma Cellulosum

Brachocela, Gorta &c.

Endemic in Dorsetshire. N. Hampshire
Vermont, ^{Western part of N. Y.} &c. Occurs generally
in young people,

Dr. Wilmer was the first to publish
an account of the treatment by burnt
sponge. It was communicated to him with
several useless additions to the remedy.

Prof. A. has met with sudden en-
largement of the tumours, accompanied
with sore throat pain in the throat.

He bled with advantage. applied mor-
uan. gave calomel &c.

Wounds of Abdomen

Wounds of the integuments require no par-
ticular treatment - except to keep the
muscles relaxed. Keep also a bandage
over the parts in order to prevent hernia.

Penetrating wounds &c. by a stab - re-
quire no particular treatment. Use the
interrupted suture. Prof. A. has found
no danger in carrying the stitches through

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the peritoneum. Let the patient avoid cough-
ing, laughing, straining at stool. Then
a bed pan. If

If intestine, protruded, with
a warm and moist hand, return the vis-
cera gradually, ~~intestine~~ gradually re-
turn the omentum last.

We must not be deterred from returning
them by infl. or by a dark colour.

Gangrene of the omentum may be distinguished
by the blood, not returning after pressure.

Gangrene of the intestine may be distin-
guished by an ash colour - such sh. not
be returned. Parry's and others ad-

vise to cut off a gangrenous portion of in-
testine & return the remainder tying it.
resists. ^{requiring a ligature} Close with interrupted suture
using two needles for the same threads
so as to carry the stitch free with out
wounds. It may be necessary to delete
the wound.

When an intestine is wounded
the villous coat protrudes & hangs out.

For A. C. in operating for strang. hernia

found a ^{small} wound of intestine, he secured it
with his thumb & finger & tied a ligature
around. The man did well.

Never with the glove's suture (over suture)

He found that a wounded intestine
adhere by its peritoneal coat to the wall
of the abdomen. The ~~same~~ ligatures are
cut off into the cavity of the intestine &
need not be kept out of the external wound.

Never enlarge a wound in search
for a wound of the intestine. Surray
occasionally enlarged a wound in order
to afford a freer passage for feces. His
patients were eventually cured.

Vomiting is apt to occur.
N.S. will relieve it. Purgatives
should not be given. Let your patient
with external wound remain as long
as it takes.

Wound of the Bladder

Urethra is injured

In all cases, except where the neck
is wounded, keep a flexible catheter in

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the urethra. If there is extravasation
of urine in the cell memb. or scrotum
make incision, to allow of its exit.

Laxatives, are found to be very useful
Gastric acid & Stimulants.

Passage of rake handle, &c
into the arm, &c.

Prof. H. had one case in which a
rake handle passed 22. inch. through
the diaphragm. He died of effect
of the lungs - spilt blood &c. The thorax
should have been opened. He has
seen many cases of similar wounds of
the vagina. Low shot has seen
some odd things! - falls on corn bars,
stumps of trees - corn oaks, &c. all
penetrating a greater or less number
of inches. Bleed & starve. Blister
the abdomen. &c

Paracentesis of abdomen

Do not perform the operation for less than a gallon of liquid. The operation is apt however to be delayed to long a case of dropsy. Dr. Boerhaave advocated the practice of tapping in dropsy.

Prof. H. has noticed an increase of urine after the operation. He has known some cure, or complete cure by tapping.

At times, in encysted dropsy the circulation remains stationary for years. The fluid may be in one or more cysts or may be in the cavity of the peritoneum. The tumor may come on without much derangement of health. The latter is apt to be accompanied with a general hydropic diathesis.

When the fluid is in the abdominal sac the humor is general from the first. In the early stage, the fluid will be most at the lower part of the abdomen, & the patient is weak. The intestines float.

Green dropsy, is near the slow, the humor shifts its place in different

position, of the body, at first - at length
however it enlarges and becomes adherent
and a fluctuation is felt. When the
accumulation is very large it can hardly
be distinguished from ascites, - except by
the history of the case. In cases
the tumour burst from a case - the
fluid was effused into the peritoneum, and
the patient died in 20 hours.

Hydropsy of the uterus, must be ex-
ceedingly rare of course the os uteri must
be closed by disease &c. Nodules may be
found in the uterus.

Mr Rector says that in ascites
a sound like that of tympanites is given on per-
cussion - at the upper part - at the
bottom in encysted ascites.

In ovarian dropsy the fluid may
pass per vaginam between the vagina & rectum
& may be felt.

Encysted dropsy can scarcely
be affected by medication. Tapping must
be resorted to.

Put a broad bandage (from the
ribs to the hips) - around, pass it be-
hind. Cut a hole in the bandage
opposite the linea alba. If there is a
hernia at the umbilicus, for in those
places the wall, being much thinner
Set an assistant press the side, of the
abdomen. Plunge in the trocar
(If you push gradually, the trocar will
enter with difficulty). As the fluid
flows, keep tightening the bandage. To avoid
the close press the abdomen in all directions
Withdraw the cannula if there is
fluid continues to flow, let it run &
be received on cloth. You may turn
the patient over. Turn the
patient recumbent on the edge of the
bed. When sitting the patient may
faint. He may quit also if the bandage
is not fast applied. By means of the
bandage we avoid all the dangers of the
operation. For the bandage
operation. dress with a compound
& sticking plaster & bandage.

Set a bandage below for a month after
ward, - none for years. It gives great
relief.

The largest quantity of blood drawn off, was 82 gals - yet in 20
days 25 quarts more accumulated. The
case was caused by retention, liver which
weighed about 13 pounds.

The patient was wrapped in 13 places.
Another was bled in 6 places, - at another
in 6 more - smaller or greater, & the re-
sult recovered. The place where the
operation was performed was between the
vaginas of rectum - where two quarts were
drawn off.

Occasionally, the wound does not
close. This is apt to be caused by the
exhausted state of the Constitution. It
may arise from improper dressing. Try
by and watch whether it closes.

If you cannot stay by - and the orifice
continues to flow - and you cannot stay
by - use the twisted L. tube.

Divided ovaria

Prof. Smith operated successfully -
Wade's memoirs. Mr. Lusk was
generally unsuccessful. Prof. Lusk
all the accounts in the ~~English~~
English languages & thinks the operation
dear & advisable.

Hernia

protrusion of the peritoneum containing
some of the viscera

Sometimes hereditary

Produced especially if there is a predisposition -
by straining or lifting. Generally it causes
no harm

1st Inguinal 2^d Femoral 3^d Umbilical
4th Central

1st Inguinal 4 species. 1st oblique
2^d direct 3^d Congenital along the spermatic cord
4th encysted - hernial sac suspended in the
tunica vaginalis

The sac grows thicker as the hernia
grows.

When it passes no further than the groin
 inguinal hernia is called bubovoele
 when it passes farther it is called scrotal

1st Oblique inguinal hernia
 Lymphatics

Distinguished from hydrocele - by the
 latter not being affected by coughing
 by its transparency by the cord being
 felt

Hydrocele of the cord is distinguished
 with difficulty - by coughing not affecting it
 & seen above

Hernia humoralis

microcele

Mistakes are very often made, and too
 as applied to these diseases. Vortic. happens
 twice in a year - Hernia in the rest

Null's truss is the best. It should
be worn constantly, day & night (et. Cooper)
Dr. Hall & Prof. H. think it sufficient to
wear it during the day)

Many cases may be cured by a truss -
but what becomes long after the hernia is
cured. Dr. Hall denies that accidental
protrusion, will totally prevent the cure
(et. Cooper says). Children as they
grow older must have a new truss.

The force of the truss produces an
adhesion of the neck of the sack

Irreducible Hernia

Hernia may be irreducible from various
causes - from adhesion, from a sudden
protrusion of a large quantity of intestine
The humour (within) may be of a purple color
If the hernia cannot be reduced a bag
truss should be worn. They are irre-
ducible and dangerous

Dr. H. C. has known a hernia
found to be irreducible, finally reduced
by ice applied 14 or 15 days.

Diff. Smith distinguished between stran-
gulated & incarcerated hernia. But the
latter soon, to be little more than an irre-
ducible hernia

Symptoms, of strangulated hernia
- Pain (irradiated (though there may be
tenderness), constipation of bowels
very tender vomiting - cold
sweats, &c.

Omenal hernia, when strangulated
produces, similar symptoms, but generally
neither so violent or rapid

Post mortem appearances, exhibit
infl. of the intestine - perhaps even the
peritonaeum. In the latter cases the
death may be sudden within 48 hours.
In other cases, operation, have succeeded
in 2 weeks, after the strangulation.

A small hernia exhibits more violent
symptoms, than a large

To reduce - place the patient
on a bed his head & pelvis elevated - thigh
at right angles (bladder previously emptied)

Can bear the pressure with both hands, as
you would an elastic iron bottle. Prof.
He has practiced this mode for 60 years
(It is Gohagan, of India) He finds it
better than A. Coopers' breadings.
Gohagan advises to keep the pressure
steadily for an hour - changing the hand
if fatigued - Have a bowl of cold water
at hand, and occasionally wet the hand
therein - also salt water.

Do not use violent pressure. If one
faint with the toes - bleed to fainting
& immediately try again with the basis
Bleeding lessens the tenderness & soreness
It will also tend to prevent subsequent pro-
longed infl. After bath may be
tried. Prof. H. has used tobacco injec-
tion 5; to a pint - half at a time - in
large quantities however. It produces uni-
form relaxation - and thus perhaps the
tumor may be reduced.

Prof. A. C. says calomel is often useful
- assisted by a emetic of camphor. Calomel &
Hoag's pulsed hemorrhoids they often been met.

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taken, for colic (perhaps, the patient may be
ignorant of the existence of worms, or
to each, & they call it.) Purgatives are
dangerous, apt to cause infl.

After bleeding Prof. H. has used
opium with advantage especially in
old hernia, of old men.

Direct inguinal

Seldom large - may be caused by a blow
A rare species. A truss is applied
nearly in the same way as for oblique hern.

Epigastric artery on the outside - even as
to muscle partly in front of the hernia

An old large ventral hernia may not
be so soon fatal as a small & recent one

While all herniae, it is possible, are dan-
gerous & when strangled, an operation
must not be too long delayed. Death
may occur in a day or two in some cases.
But Mr. Hay has many cases, he often
too late. So with Doane &c. So with Prof.
H. Much mischief is often done, by in-

point of your knife, being in - coming at
 the stricture depress the handle of your
 knife and divide gradually. Divide
 freely enough to allow it to be a case of
 your finger. It may be necessary after
 dividing a stricture at the external ring
 to divide another at the internal ring.
 Divide upwards, or outwards, or perhaps
 better, always upwards.

Adhesion, may always be broken up
 with the finger. Return the intestine
 first of then the omentum.

Prof. H. never passes his sutures
 through the Per. & Coele region - sup this vein they
 take the Per. & Coele and since he has adop-
 ted this practice has never had a case
 of a second protrusion. If more than
 2 sutures are needed put the lower ones
 through the superficial integuments only.

Place the sutures about a inch apart
 Dress about the 10th or 12th day. If a
 stool does not come away in a few hours
 give castor oil or if this fails, Calomel
 (Dress with a T bandage &c.)

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After the operation - if ~~peritonitis~~
peritonitis infl. continues, treat by v. s.
by cut. or by cut. & op.

Discharge sometimes late, slower, both
after the cut. and after the operation
treat with cut. & op.

Direct ing. her. divide upw & inwards

Hernia of inguinal Canal

No distinct hern. exists except upon

Coughing May become strangulated &
is often mistaken for peritonitis infl.

Willow cut. & h. for the operation. Make
the incision through the denser of cut.
oblique, very carefully etc.

Oblique inguinal hernia in
females. On coughing the tumour pro-
trudes downwards - this in female hernia
the tumour protrudes upwards on coughing
Operate as in the male

Congenital hernia

Called round rupture by the nurses

Tumour is within the tunica vaginalis

Take care not to injure the testis & leave the lower portion of the tunica vaginalis intact - so as to contain the testis.

Encysted Hernia of the testis
The whole sac is protruded into the tunica vaginalis. Open the tun. vag. & then search for the sac.

Femoral Hernia

Prof. H. has cured one case in a male
Protruded ^{out} pain on suddenly stretching
the limb. Small, a small swelling ap-
pears, increases, passes downwards,
increases, goes up, & then upwards over
Poupart's ligament. Sometimes passes down-
wards along the saphena vein.

Has been mistaken for psoas abscess
or for an enlarged lymphatic. Has been
opened for an abscess.

Occurs almost in women who
have borne many children. Generally
infertile and small.

Often irreducible. It then does

not care so long. However
 near a tumor can dispense with it during
 pregnancy. Tumor often fails

to bring the tumor down, several attempts
 have been made to try the tumor but it will not
 come down. Tumor is dangerous,

the hernia being so all the structure
 sharp edged. Death has taken place
 in 17 hours. Patient will be left to die
 about the 5th day

Operations. Place patient as before
 Carry your incision down wards - beginning
 above the tumor. For A. C. address un-
 der the transverse sulcus - Prof. H. has
 never made this. It is said that a
^{superficial} incision will be divided - Prof. H. has
 often operated and never with it
 In his last operation not two lines of
 incision - blood were lost

A. B. we do not reduce the hernial
 sac only its contents. Old sacs are
 given to address it.

Divide the structure upwards & a
 incision upwards towards the umbilicus

Twiddle freely enough to allow the
introduction of the finger. Endeavor
to feel the neck of the sac not upon
dividing - If the lateral artery has
run to its neck, you can feel it with
the finger.

Unilateral Hernia
may become very large. Colicky
pains, flatulency - faintness at the
stomach so.

In children called wind rupture also.

The superficial integument will often
be thinner in some places than in others,
appearing like an abscess.

Frequently there are two openings
from within into the sac.

Occurs oftenest in females and in
corrupt men. Caused by ascites
if so, the top at that place.

Treat it in infants, with a conical
piece of wood or ivory, confined with
adhesive straps.

Desault cured such cases by

tying a ligature around the neck of
the tumour - after reducing the intestine

Get video - attempts never fully
tuned. It would cut, but in broad sun
days be soon

Prof. A. C. advises to reduce without dividing the sac

Prof. He would recommend to at-
tempting to operate without dividing the
sac - The hernial sac is apt to adhere to
the skin so that the incision is gradually cut off

Umbilical Hernia

Generally in the linea peritonea area.

The stomach is sometimes included

Symptoms of dyspepsia &c. may often
be relieved by a truss.

Tobacco injection are very safe in
this and the preceding species

Producible hernias cause
colic, constipation &c. requiring cath.
- sometimes there occurs pain and vom-
iting requiring perhaps v. S., and strong
opium in full doses

The irreducible hernia be-

is inflamed there, less local
tenderness than in the inguinal.

The pain is more universal and ex-
tending over the abdomen. The abdomen
is not swollen. There is not heaped so.
Give a large dose of opium.

Thyroidal hernia, occurs at
the foramen caecum. Pseudo-hernia
a variety of inguinal - never requires
an operation. Vaginal hernia
occurs between the vag. & rect. - use
a pessary. A hernia occurs between
the bladder and rectum in the male.
Hernia occurs (rarely) at the ischiatic
sac. Prof. H. has seen one case of the lat-
ter in a boy.

After all operations, apply a
lotion when the pat. gets up.

Perforated anus

As the wound becomes smaller, apply the compress, and vary ages. When a little more is discharged from the rectum, solicit a natural passage with injection. Finally tighten the dressing and treat with iodine or sulph. cop.

In permanent case, ... have reversion of the yellow coat &c.

Desault introduced a roll of linen into the two ends, and kept them in two in contact

Desault's case where there were two perforations, parallel - junction the adjacent coats, and caused a perforation in the free, (he contrived a particular kind of forceps) - the patient was cured.

Imperforate anus

Make a crucial incision & keep in a bandage - where there is no external anus.

When there is an anus, but the rectum terminates in a cul de sac

The case is more difficult & they generally terminate fatally

Stricture of the rectum

Common, and difficulty of discharge
pellets of matter - in perfect evacuation
pain in the hip, back &c. finally
retention cathartics perhaps cause
a liquid discharge, and often an
apparent diarrhoea but the bowels
remain filled with hardened matter
Colic flatulency acidity, dyspep-
sia. Reduced to liquid & bland
food - often the patient chews meat &
spits it out - swallowing the juice. The
effects are generally felt, only some time
after the swallowing of food

Hemorrhoids, &c may occur

May be ^{from} hereditary malconfor-
mation. Considered also by habitual con-
stipation

Distinguished from hemorrhoids
by the pure blood discharged from the
sufferer - & by the pellets of feces also

by the apparent dysentery

Structure of the colon is destroyed
from it by absence of the straining
and from dysentery itself. It is
also by the stricture being too high
to be reached.

Always examine by the finger
& if that will not reach, try the
finger. Make bougies of apachylon wax
- 11 inches long for an adult.

Bear in mind the curved form of
the rectum, when you introduce it.
Introduce by address - not by
force. To lessen the irritation, first
inject 30 to 60 drops of Laudanum.
Carry it as far as the sigmoid flexure
when it has entered this, a little
wind will issue.

Examine whether there are not
more strictures than one.

Let the ^{flat end of the} bougie pass up beyond
the sphincter, or the latter will be
irritated. Let the bougie
have rest. Dr McCallum prefers

the flexible metallic bougie

The irritation may be excessive at the first application, but it diminishes by use

There may be a prolapsus of even through the strictures which must be pushed up by the bougie
In this case also give cold injections to brace the parts

Bougies give great relief in less desperate cases

Phlegmasia dolens

apropos of purpura

It is maintained that it is caused by an infl. of the v. c. veins - this is hypothetical. Difficult to determine this as the disease is rarely fatal
Origin very obscure. It seems to be preceded by increased color & abundance of the lochia

Occurs after all sorts of labours and in all sorts of patients. Does not occur a second time but Prof. H. has met

with asthenia.

Occurs also in males, after fevers
Prof. V. thinks it probably

Occurs at an uncertain period
after delivery - by pain and swelling in
the groin. The limbs swell rapidly.
Pain considerable - pain in the groin also
- motion very painful. At this stage
the surface does not put on pressure
- no serum issues upon puncture -
no coldness as in anasarca.

The constitutional shock is something
very great - coldness, faintness
- the other thigh may be affected.

The swelling begins to go down, first
in the groin and labia.

Prof H. treat mainly by calomel
- which the days give great relief. the fol-
lowing is given for the irritation

He always appears to agree, soon the cost

is given great relief. Remove the
bandage with a c. lead or muc. am.

Apply a clean bandage every day

Relieve the cost frequently

Dr. H. also uses a c. lead with
specie on a syringe.

After the relief of the disease
a deep seated pain in the thigh. This
Prof H. has relieved by a large blister
and this is the only case in which Prof
H. has found blisters give relief

Disinfection of the cell. memb.
on the hips back &c. of puerperal women
Often mistaken for phlegmasia
dolens. They suppurate and should be
opened. There will be redness instead
of the general hyperaemia and the white
discolored appearance.

They may become gangrenous and to some

1st Infl. of neck of bladder may
be caused by contusions by injury
in the perineum - by infl. of vagina
~~and~~ prostatic, produced by infection

2nd Str., in the bladder scarcely causes
complete retention

3rd The gland itself may cause com-
plete retention. A stricture in the
urethra, will always cause retention -
For, thus it is caused by retention.

4th Enlargement of prostate gland
will cause a difficulty of passing -
and the true nature of the affection will
scarcely be suspected. Eventually -
Complete retention may come on and
then when the catheter is introduced a
large quantity will be drawn off at once.
Sometimes, when the urine begins
to dribble away the complaint is mistaken
for diabetes.

5th The cause, however, is not
inflammation, or is based upon the
cause.

The ultimate consequence

are protracted in fl. from very to great
delirium &c.

Other disease, seen to be found and in
pathology of the same &c.

Introduce the catheter - by
drawing it home, or in the first place
keep it as close under the os pubis
Sometimes withdrawing the stylette
a little to increase the curve - at
other times not draw the stylette
wholly

Diseased Prostate

Begins with frequent & imperfect micturition - ultimately the patient
becomes costive - pains are felt
in the perineum - also with back of
hips - a constant necessity for cath-
eterization - and when a stool is obtained
some flows more freely. The
patient often will not call on a surgeon
until the latter stage of the disease

Finally a cure must be taken con-
stantly - and the patient wears out
perhaps with pulmonary consumption.

which has been said, about repeatedly
introducing the catheter is supposed
to be reasonable. Prof. Dr. in Illinois
to the doctor. It will at always be
necessary to withdraw the catheter
twice a week to clean off excreta-
ment.

(The per. does, in proper for sud-
den attacks, e.g. a d. near but
injection, of laudanum or even, in a
last resort injection of tobacco).

The chronic cases, which must form
a highly recognized

If a catheter cannot be introduced
try a small bougie. Generally it should
not be introduced as well
as a bougie.

Read the remarks of different
writers, about introducing the catheter
by P. Bell C. Bell. S. Cooper &c.

Such cases are better treated now than
formerly. Less time is wasted now with
diuretics.

Cases combined with tumors of the
brain, are best remedied by tinct.
cantharides. The cath. should, however,
be used.

Very French Surgeons, use a ca-
vical catheter and give a passage: this
is not to be imitated.

If a young surgeon cannot in-
troduce the catheter, let him send for
an older one.

If a catheter cannot be in-
troduced - the bladder must be punctured.
Make an incision in the linea alba
2 or 3 inches long. Cut down to the
bladder and introduced a large curved
trocar - piercing obliquely.

Then the stylet is put into the cannula
for the u. or catheter. Leave the cannula
in or introduce through it a ^{flexible} catheter
& keep it in.

Dr. Abernethy thought it better
to separate the pyramidal muscles.

For stricture of the urethra, in
some cases, such a catheter or cannula

Hydrocele.

- 1st Take care the cannula is in the tun. v. bag
- 2nd Press your patient against a wall
Keep the injection in 15 m. (Prop. H.)
- 3rd Take care to fill the tun. full
Use 3 parts wine & water
Make a large puncture
- 4th If you inject into the cell. mem.
stop immediately
- 5th Great pain is produced. Don't leave
patient alone. Hence have some one by to
assist you in case of fainting
After about 5 days. the swelling
begins to abate. In a fortnight it

may possibly be cured

Encysted Hydrocele of the spermatic
cord

Haematocoele

Parovarium

Fungus Haematodes of the testicle

Schirrhous of testicle

Hydro-sarcocoele

Fungus of the testicle - cured by
caustics.

Veneral enlargement of testicle

Hydatids of the testicle may be very
large and confounded with hydro-
cele by castration.

has been kept in for 2 years
and the mode is to open into the
rectum etc.

Irritable testicle - seems to
be a neuralgic aff. Try r. s.
col - opium & afterward, arsenic &
cocaine. Use opium all the while
Iron and Sulph. quin. are rec. & are
useful. Put off castration if you can

Suppuration of testicle

Open the abscesses & keep in a little chloro-
form - for a serous membrane will
close very speedily. It may be
necessary to introduce nit. sil. . Or if you
have not room for this, you may dip your
probe in, not nitric acid - & then from
a little nit. silv.

Circocle

Begins gradually - finally the veins
feel like a bundle of earth worms
Let the pat. lie down and press at the

abd. ring, and a circumscribed will be en-
larged & ~~hence~~ this it may be dis-
tinguished from hernia

Apt to give alarm but not dan-
gerous. Cause obscure - there
may be such cases & disposition
to have more. #

Patients are often subject to paroxysms
of pain. V. S. cal. & other laxatives
Apply cold discutients. Instruct your
pat. about the danger. Keep the parts
constantly suspended. The spermatic
art. has been taken up - why it is dif-
ficult to determine. Generally by
quieting the patient you will have little
trouble. Much mischief has resulted
from moving trowsers for them.

perhaps caused by accumulation feces
& by injuries

Chimney sweepers' Cancer
Caused in the scrotum by soot
Perhaps the testicle may become affected
It is said that the disease may be cured
even after the lymphatic glands have
become affected. Probably, a variety
of cancerous tubercle of the skin

Parasitomatous enlarge. of scrot.
May weigh 5 or more pounds
Testicle, not affected. Penis disap-
pears. Integuments of lower part of
abdomen drawn down. Skin may
be rough & scabby. Probably a
variety of Elephantiasis. Vide Sav-
ery's men. of it in Egypt.

Exstirpate - not dangerous, is the opera-
tion. Vide the case of a Chinese
lately in London. 60 or 70 pounds -
died immediately

in the first

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Gonorrhoea

Infl. of muc. mem. of rectum - some-
times extending to the glands

Aries from impure semen

Whether the same or not, it is treated
differently from lues syphilitis

A milder disease now than formerly in
London. Vide Abernethy

It is more readily when it occurs
immediately after coition, than when
it occurs after a week or more

Different phys. treat it very differently
- probably because it often (as is said)
cures itself & because it may be inter-
rupted by various means

Bala. Cop. is very popular now - for-
merly it was used only for gleet. Leucob.
are said to be equally effectual. Give
bala. cop. 1 tresp. 2 or 3 times a day

If it progresses give opium

℞ bala. cop. & rub. eth. $\overline{3j}$ aa.
tinct. op. & tinct. camph. aa $\overline{3j}$ - (1. sp.
3 or 4 times a day

Apply cold lotion,

In France they give nit. pot. & sulph.
20 d. &c.

Ac. ph. 14 grs. to 1/2 pt or sulph
Zinc grs 10 or both together for an
inject. if the discharge continues

Ultimately Cor. sub. ^{1/2 pt} grs. to 100
or Nit. silv. 3 or 4 grs. to 100 water
Make use of the

For gleet give bals. cop. & add
tinct. Canth. 20 or 30 drops

Apply blisters to perineum if necessary
Treat sympathetic buboes with
dissectants - with blisters

Treat chordee with opium - doves
powders. &c.

If urine is frequently passed &
with pain - use the catheter - or
+ relief

Opium is the best remedy for
chronic aff. of bladder as a sequel
Nva usui is recom. also

Whether the bladder or prostate
is aff. use the cath.

Hernia humoralis. Infl. of testicle
 Caused by Gonorrhoea - by injuries
 - by metastasis of hydrothorax &c. by me-
 tastasis from aff. of testes - mumps

Not produced in the early stages of
 Gonorrhoea. but in the decline - then get
 too late to be got on by stimulant injections

Caused also by aff. of prostate &
 various urinary affections

Fluctuation for long time - pain

1. Testicle swells - when large, flattened -
 - in bad cases, a redness of the skin

Pain & constit. invol. very great
 - proc. the distention of the firm serous
 membrane

Bleed - cal. salts Horro-
 tal posture suspensory bandage - ac.
 plumbi. Prof. H. troubles himself
 little about the running the infl.
 of the testicle is cured, generally, the gonorrhoea
 ceases

When a serious effusion in the whole
 scrotum takes place, it swells & blisters the
 whole scrotum

If a hardness remains, especially of the
epidymis is) treat with camphorated
mercurial

Pus should always be evac-
uated if it is not evacuated, a fungus will
spring out

Phymosis

Congenital or accidental - generally goes
off (when natural) at puberty - if not
we may be called on to remedy the
complaint. In venereal diseases
ulcers may be concealed, or ulcers
may arise from the sebaceous glands
may irritate.

Sometimes the prepuce may be enlarged or
ly distended. Sometimes it is
born without any orifice

When there is an opening it is suf-
ficient to slit up the prepuce. If none
cut off the end. When distended makes
an opening with a
As to the size of the opening, calculate
upon a retraction in . . . Use a
sharp pointed knife or a director

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If the prepuce, which has an old
men - circumcise - you will do
this more easily if you slit up first

Everted urethra

Case in an infant

Mischief from tying a ligature
around the penis by boys - is common
in 1. Swelling may cause the
string to disappear - Cases mistaken
for phymosis &c.

Paraphymosis

When the prepuce cannot immediately
be brought back, every moment
the difficulty, as the glans continually
swell. Great swelling, infiltration
&c. occurs. Apply cold water
&c. & then the patient must submit
to have the prepuce returned - place
him against the wall, & have him held
- Compress the glans a long time - shif-
ting hands in order to keep them

cold. & when you have the glands sufficiently reduced, return the prep. & if you fail, try again. It is not necessary to divide the stricture.

Le Franc, also always succeeded without division.

Picture of urethra & may exist to a slight extent.

Most commonly 6 or 7 inch. from external orifice - just behind the bulb - next to this is 4 or 5 in. - frequently there are more than one - & almost always one at 7 inch. dist. (E. to ...)

May be on one side of the canal

In old stricture we have an almost cartilaginous hardness.

Symptoms, alteration in form or size of stream of urine. - may be forced.

Does not tend to a spontaneous cure - but to grow worse & worse

Difficulty of passing urine - increased by cold - by drunkenness - by hard exercise - by ...

chills, fever, - anorexia - excessive
pain - anorexia - aphthae etc.
discharge may come and be mista-
ken for gleet especially after gonorrhoea
hemorrhoids haemorrhoids nocturnal
emission, semen thrown back into the
bladder

May be mistaken for gonorrhoea, gleet
infl. & abscess of urethra, or prostatic
- calculi in bladder or urethra.

Pain in passing urine greater in gonorrhoea
caused prostatic generally in old men
introduce the catheter for 7/8 inch. &c.
- a catheter can generally be passed by skill
in - prostatic - enlarged prostate
can be felt by the finger in the rectum

Caused after some time by gon-
orrhoea (as a remote consequence) - By
injury of the perineum by stone in the blad-
der in warm climates

Treatment Ascertaining the ex-
istence of a stricture by means of a bougie
hard & oil & hard bougie - if you feel pain
a smaller one. He may be obliged to

desist from pain, irritation, shivering,
faintness &c. But the urethra become
insensible after a time. When a very
small bougie is needed, Catgut is recom-
mended. It swells in the part.

. When we have succeeded in
passing a bougie the cure is in our power
(1. 5. 5. -) Eventually we can keep
in the bougie for several hours.

When we cannot pass a bougie - intro-
duce caustic - it lessens the irritability.

Prof. W. has lately prepared a small
catheter - with a piece of nit. sil. in the
end. Some use the Caustic beak.

Flexible metallic catheters are
used of late.

Bougies undoubtedly do good besides
to mechanical dilatation. They
stimulate the parts.

Patience and perseverance
are needed. Retention of urine,
hemorrhage (in the sloughs & wounds)
may occur.

Prof. S. laid open the structure externally

Fistula in perinaea

Caused by stricture by catenuli &c.

Touch with nit sil.

Dr. Rhynck passed a piece of tube laterally & laid it tight over the fistulous orifice. *Vide Drury's Surg.*

In worse cases, pass a straight sound down to the stricture - pass a probe & feel it, and - Cut down to the end of the sound

Dr. Stevens proposed a coloured liquid into the cath. to assist in finding the weakness. *Vide 1*

Always cure the stricture first
Chr. Cooper's perineal lithotomy operation

See ad. Cooper's treatment of Ret. tiv. of urin. perineal, &c.

Incontinence of urine

1st from paralysis of sphincter from general atrophy or long continued paralytic trials from retention.

2nd from injuries causing a communication by ulceration into the vagina or by a cancer.

3rd chronic atrophy affect child or under puberty.

4th Dr. Cooper mentions an irritable state in which the act. is constantly compelled to urinate. This is merely a symptom of hypsion hemorrhoids stone in the bladder &c.

1st When occurring from paralysis, treat for the general aff. and introduce the catheter frequently. After from difficult labour introd. cath. freq.

2nd plan of cure by sutures

3rd It has been lately supposed to be caused by lying on the back not so Prof. H. has cured by cantharides, Tincture, connected with disorder of digestive organs great thirst &c.

St. perforata Wagner

Sometimes, the whole body, or partially, or here & there separate sections, with your thanks (very common)

When not determined the period of menstruation - very tedious. Dr. J. H. has had several cases. - Sense of weight - pain in the loins - - finally difficulty of passing urine is the first symptom noticed in some ~~cases~~ cases - difficulty at stool - swelling of abdomen - nausea & diarrhoea. Much rare also in the males of the disease sometimes - men become sometimes very thick. Examine whether there be not more than one ovulation - perhaps a ligamentous band

Henry Loides

Two kinds - unwise & organised

If the blood comes from the trachea, above
it will be black if not, for a.

• before, are after after ~~over~~ accompu

If more superficial and near the
vege they may often be clipped off
Prof. Dr. ^{who has the intention} makes ^{metastases} by a ligature
Pass a needle through & tie each way

Fistula in ano

Prof. Dr. is convinced that it arises
from infl. & suppuration of the bran-
ching behind the rectum -

Causes - obscure - perhaps hemorrhoids
Begin, with pain - fever &c.

When the abscess bursts externally it is
called external fistula - internally,
blind fist. - when ext. & int., com-
plete fistula

Condt. dyspept. & pain very severe
Open early & keep open with a bougie
when external.

When blind - pus or feces - a tumour
at anus - very fetid, as is usual with
abscesses in muc. memb.

No plan of cure succeeds but laying
open. Pass your finger up the rectum
& meet your finger with a probe, or two

Intestine - the cut down through the ^{sphincter}
intestine

Best case first to distinguish from
lumbar abscess, sc. pointing near the
pub.

Cancer of the rectum. The
extremity of the rectum has been extir-
pated.

Distortions of the feet

Club foot Valgus vari

There is a malformation of the tarsal
bones. Probably both the affection
is caused by some wrong position in the uterus.
Tends to be more or less hereditary in
some families. There is an institution
in Paris for distortions - attended with
great success.

When the foot turns directly up-
wards towards the tibia it is easily re-
ctified by a roller - an elastic splint and
a bandage.

Club feet are easily restored
by the hand, the difficulty is to keep it

in its place. B. Bell's mode. by a
thick xc. Machine, of wood
carved in r. Prof. H. has suc-
ceeded very well by a tri. shoe - with
one side running up the leg
It has succeeded well also with
stiff saddles, leather.

But Smith's splint is superior to all
other modes. Apply, to J. Gregory of
New Bridge St. The great object
is to keep the sole of the foot flat on
the ground - & turn the toes out as
much as you can.

Palsy of the lower limbs, from
injured spine - vide Pott.

Generally affects children. The
child will be observed to stumble - the
legs point downwards, remarkably.
The limb looks remarkably smooth
and tense, instead of flabby and
wasted. Upon examination - we
shall find the vertebrae projecting
Ultimately the bladder is affected, ^{in consequence of}

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perhaps there will be no loss of
urine. The patient may die of na-
use, &c.

Renal cause observed
Progress doubtful. Comas and
abscesses, are often met with.

Mr. Pott invented the mode of
treatment by issues, and is very
successful in a number of cases.

Internal distortions of the spine are
said not to produce paralysis.

Paralysis, appears to be caused only
by this angular distortion. There will
be local pain, in the limbs &c. The sen-
sation is erroneous with respect to the heat
of the limb - Pat. thinking it hot when
cold & v. versa. Sometimes sensa-
tion remains, at other times the paraly-
sis is complete. Sometimes the
abdominal muscles are paralytic.

Sometimes the urone & feces, come away
unconsciously. Large abscess may
be caused in the oschia & ischur by
lying in one position.

It is generally a permanent
symp, after the cure.

Exercise is shown, exercise to be inju-
rious. Hence some persons to exercise by
rest

Opium will almost always be
needed. Utterly, sub. quies.

Very probably medicine might be
beneficial. Sometimes a seton
has been substituted for an issue.

(Once in 2 or three months, an old
issue should be suffered to drop off & a
new one made

General distortion of verteb.
We are generally first consulted for
a projection of one shoulder blade
caused by long sitting in one position etc.
During the last part of the disease, the
patient is unable to stand, and must, then
be carried in a chair, or to sleep together, to change
side, occasionally.

Mr. Cassin's action has a staffed
back. - lifts patient up by shoulders, &

manus. On this he has thought
a case. It cannot always be the
case. Scrophula has been considered
the cause also but scrophula is un-
common in the country - where most
cases, the oft is met with.

It is often attributed to the latter
cause given in the country - but
many cases have received no
medication at all.

Prof. H. considers the disease an
inflammation of the serous membrane
of the spinal cord.

Sometimes the disease, however,
and is attended with remitting
fever. Sometimes the brain
may be affected thus, vide Anæsthesia

Prof. H. treats ^{acute} paraplegia and
hemiplegia &c. first by v.s. - mercurial
& other cathartics and a succession of
blisters. He has lately used more pinch-
ing up ^{hard} a small ball of cotton & burning
it down by the blow pipe. Turb. gastric
in the neck &c. ...

Prof H. has often succeeded thus in
children - but sometimes fails.

Chronic cases he treats in a similar
manner

Mere noise the ear seems to have
great influence upon paralysis of the
face

When the spinal marrow comes
on during a fever Prof H. has succeeded
often in curing it

The case seen to be caused by par-
alysis

In some ~~not~~ acute the disease is
easier cured For chronic case

(1) Disease of hip joint - morbid, curable
1st - (2) violent irritat. acute per. or
2nd - a chronic form - coming on gradually
- cannot find a cure

1st begins with acute pain generally
in the knee - high irritative fever exa-
ciation - salivaceous ex. apt to be mis-
taken for aff. of the knee

With the slightest motion, is allowed
- compared to one posture in bed
limb to a longated - knee, separated
Continually there and so forth
of the limb being a it
distance of the knee - this shortening
is ascertained by comparing the knees
ankles, Prof. H. L. knows the length
of the first stage - an arm 4 to 5 or 2
inches, supposed to be ^{comparatively} the same as the

The disease is more rapid in
children than in adults.

Distinguished from our abscess by
its history and appearance.

Sometimes after the spontaneous destruc-
tion health well comes & nothing
but lameness remains.

Generally there is some amendment
when perished - the prognosis is fa-
vorable if amendment follows ampu-
tion, but there is no better so.

In the chronic form a knee first a
slight lameness evolving into pain
is often accompanied with knee swelling
which is first at the inside corner

This form is often caused by long la-
ziness, after having been violent -
also from exposure to cold and
sometimes no cause can be assigned

Many cases of acute inflammation
by Dr. West. to inflammation of the joint
(Gouty) will ~~soon terminate~~ increase
the disease or by mal. treatment
have related effects

Treat the acute form by n.d. salt.
apply ac lead (cold water) give op-
ium freely from the first to relieve the
pain - better in the first place in form
of clover powder. If the pain does
not subside apply a blister. Salts
are too slow. If the disease is attacked
early it may generally be cured

Treat the chronic form
in an entirely different manner - blister - seton
Keep the limb absolutely at rest &
give opium

secure the object by using ^{the} ~~the~~
applied

Make issues with Canstic
Kali through a hole in a plaster -
& cover with another plaster. In
6 or 8 hours it will have made an
issue.

Apply your ^{issue} ~~issue~~ gen-
erally to back of the thorax

Prof. H. has succeeded with them
in the inside of the thigh near the
knee. Setons are introduced in
the anterior part of the joint

Do not push your Counterirritation
too far with Chilare

Remove your seton, and issues
once in 6 or two mo.

Prof. H. has applied tart. erub.
Mica - now fashionable. Lassaray
does not wish for emphysema -
they think the next mainly
beneficial

The bowels are apt to be
constipated, from habit to pass on
stool - manual assistance

is sometimes necessary at stool.

The constitutional weakness and irritation are very great -

o/p o/p & cal common &c.

Bark - quinine

Unopened abscesses are very dangerous. Patients are apt to die suddenly with them.

Mr. Atkinson kept the patient at rest at first (in the chronic) and gave blisters to soothe the irritation & prohibited motion for a long time &c. This practice not energetic ^{enough} for the acute form.

Podine is not recommended.

We stand much in need of a better mode of treating this disease.

Considerable difficulty with incisions, &c.

Venereal diseases
formerly considered a unit.
Mr. Hunter described the chancre
But all Hunter's disease is now
but rarely met with. Cazenave
describes the true chancre & several
other sorts of sores on the penis

A French writer has denied the
existence of a specific syphilis

Prof. H. Cazenave's inoculation
of small pox and other poisons
similar to the venereal contagion

~~Probably all~~ The first effects
are entirely local 1st a little pain-
ful or vesicle with serum or pus

It degenerates into a ulcer. of a
foul & ragged appearance. Next
the absorbents are affected

Next an infl. of lymph. gland in
the groin. Next ulcer in the throat
or esophagus, on the skin or bone

Next nodes: tuberc. sternum
bone an. perhaps osso max.

It is now found that say.

many several times may be used
without mercury. Such cases are
now generally called syphilitic.
Many experiments have been
made in the way - more or less suc-
cessful without mercury.

Mr. H. B. Chace has observ-
ed edges of a hard base. Prop. 1/6.
would pierce it thoroughly with nit. sil-
-ic acid, wash with a saturated
sol. of sulph. copper. Then the black
wash (cal. & lime water). Keep it just
quiet in his room. If eroded
early do nothing more. If the
chance is early destroyed there will
be no bubo.

The bubo forms a sub-
purulent, open and touch thoroughly with
nit. sil.

The ulcer in the throat looks
very ill, yet gives less pain & swell-
ing than would be expected. The
nat. will often deny its existence.

The eruption on the skin is quite

irregular look - like a yellow clay.
To be prefer the pill some
corr. sub others colored others
hera rial in heart.

Gyden has gave 20 gr. doses
of Cal. Dr. Carter of sketches has
revised the practice - procuring
belon, discharges, & ^{any 2 or 3} salivation began

Low Corr. sub. in a broad
pill 10 gr. Patient will scarce
be bear more than 24 gr. a day without
a dysenteria aff. of the bowels

Blue pill 3 gr. at night -
if this fails give it often

Theriacal fumigato.

Heret' in b. sub - a bout a
dose a day. The wish to
avoid salivation.

Give large quantities of opos-
parilla. In join. yase curae. also
chodes will require me separate

Mum. acids have been very

famous. It does well after the
system is reduced by mercury.
So sulph. quina &c. & tonics
are indicated.

Drugs, panacea for scurvy,
done well after a long course
- owing probably to its minute
quantity of 'corr. sub.

If a pharynx, under the
chancere, next and esp. u.c. lead
or nit. sub.

Inflamed strong action will
require much cal.

Sometimes, life is threatened by
a local hemorrhage

The joints may become affec-
ted like rheumatism. Partial
blindness and deafness occurs

If exfoliation comes on inside
of the skull, generally the patient
dies of paralysis &c.

After long use of mercury
the system becomes so susceptible
that rubbing in a little more oil

will affect the mouth in 15 min.
In such cases, Fowler's solution
has done well. Dr. Gordon Bowen
of Providence, relied very much
on it. Give large quantities
of Sarsaparilla in the sequel.

The bone, if the teeth sometimes
become completely brittle.

Turned into a very

Calcium in the bladder

May be produced after a foreign body
lodged in the bladder, or a nucleus, e.g.
musket ball - bits of bone, bougies, or
needles by hyaline calcification.

is more common in the Western states and
in Maine.

Symptoms: very obscure
- pain in the loins, vomiting, sediment in
the urine - sand passing at night
Hæmaturia and vomiting, with excessive
pain, are most apt to be caused by

the passage of calculi along the ureters. The pain will be sudden and violent, not gradual as a dull ache that of prostatic disease.

Retraction of testes, numbness so. will accompany this. These passages, through the ureters, are commonly called attacks of gravel.

Passage of calculi through the ureters, gives rise to retention of urine so. Perhaps -

Symptoms of stone in the bladder. Pain at the extremity of the penis - greatest when bladder is full. The pain comes on in paroxysms. They are aggravated by walking or riding, over a rough road. Pain at the neck of the bladder at stool. Yet these "fits of stone" may come on without any exciting cause. Patients pinch the glans frequently - have a frequent sense of inclination to go to stool. When the calculus is large there may be a sense of weight in the bladder.

The urine becomes finally, turbid
- perhaps bloody.

Children are said not to be sus-
cept to pain in the kidneys, and ure-
ters - experiencing only stone in the
bladder.

Finally, necrosis may be very
frequent - in 15 min. The inflamed
and inflamed state of the bladder
in pyelitis - finally the patient dies of
septic.

Prescribes remedies for
irritation in general - but in extreme
pyelitis - Cal. Opium - as a sub-
stitute of opium - or has been a strong
to enjoin alkalies - such as soda - then
relieve the pain by dissolving
the stone.

But the way for a
long time ago said to blister for stone -
but he now finds it very bene-
ficial.

Operation

Hippocrates, gave his pupils not to
perform it.

The first mode was to pass the

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press up the section - pull down
the stone ^{into the position} & make an incision directly
upon it. This was called the little
lesser operation - or cutting by the
cricoid. Next came the appa-
ratus, major - & called - independence
of the large number of instruments.
A small opening was made & then
forcibly dilated.

(Next came the high operation - a-
bove the ~~fontanel~~ fontanel. This has
lately been attempted to be removed.
By this means a large stone ~~cannot~~
can be extracted without breaking.

Lately it has been proposed to op-
erate through the section.

The present one, called the lat-
eral position and is performed as now
as Chenebier formerly did. Some are in-
clined to substitute the knife for the
scalpel.

First sound perhaps on which
this may be considered, mistake for a stone.
Prof. P. performed the operation for a

calculus in the urethra. If the cal-
culus drops down into the bladder, it is bladder-
stone, or bladder calculus, or bladder
stone. Dr. Hey's sonnet, or sonnet
with a & silver cath. and left the
stone as it was in the bladder. & Hey's
catheter, with a & silver cath., has
sometimes succeeded where other instru-
ments have failed. Examination
better standing, lying on the back, re-
peatedly.

Administer over night a
small cathartic - and pass an hour
before the operation an injection.
Operation

After it the usual place, out at the
wound. Dr. Hey's cath. keep a
small catheter in the bladder.

Give opium immediately after
the operation. Be guided by cir-
cumstances, give opium if patient has
been in the habit of taking it.

Sedatives are very beneficial.

Children suffer very little. But

old people are apt to have chills, cold
extractions, &c. Treat as for the etc. q.v.

Apply cloths, just as to a woman who
delivers. Watch for her overhaze

When infl. comes on, it is known
by pain, chills, &c. A very success-
ful surgeon at the west, bleed, and deliv-
ers directly after the commencement
of delivery.

Fatal cases exhibit not gas
green but an offensive, aged & fetid
The relief ~~of the~~ from the operation
is very great. Pat. sleeping better the
night after the operation than for weeks
previously.

Dithotomy in Women

Case of a stone formed around a dressing
needle! extracted for St. George's.

The operation through the vagina is
easy but the wound is apt to not to close
& the cause an continuance of urine

For St. G. introduced it plan by
a sponge tent. Re a sponge & dip it

into melted bessemer moderate heat
roll it into an oblong shape
introduce it - the bessemer melts out
and the sponge debiles very powerfully
after proceeding in a series of
when the stone is too large
1st cut in a direction to the left
2nd cut below

De Frange's mode (invented by Coste)
Place the patient on his left. a female
is held by an assistant & depress the ure-
thra and vagina. Cut with a bistouri
above the urethra and obliquely from it
to the apophysis penis down close along with
the ischio. Cut layer by layer until
you arrive at the bladder

Tumours of the bones

Osteosarcoma - an increased growth of the
body most frequently found in the cran-
sternum clavicle ribs long bones

Sarcoma - flat sometimes punctate
sometimes beaded or culated

Fir. etc. C. makes, 2 varieties, one from
 the substance the other from the saddle
 Puff. H. makes Cartilaginous (not long
 parts interposed with spongy ones
 the clary, can be increased as
 seen in a long so stopped by the
 surface to be the Cures To be distinguished
 as more or less as can be by the appearance hard
 or soft. It does not affect the general
 health, unless the part is so large as to in-
 terfere with function. These commonly the furrow
 starts out at an angle. Sometimes they cease
 growing and remain stationary
 - Treatment is rest, topical use.
 Use: bryans, saws, iron, bands, chisel
 & mallet etc. Operation not dangerous

2nd Osteoporeoma maybe hard at
 the surface but will be soft, heat & tenderness
 about the centre (Called fungus by
 Vir. A.C.) - base broad - the whole extent
 of the bone is converted into it. Some-
 times suppuration comes in the interior
 It is fashionable to consider them all as fungus
 however - but they differ. Fungus has a

metastases, causes absorption of an adjacent bone. The general health is here affected.

Prof. H. considers internal remedies of little use. The disease is apt to return after extirpation. Rayer advises the actual cautery after amputation. When a tumor is too large to be amputated. May be of immense size as large as the body. Prof. H. has known one as large as a milk pail & two tubs. A number of other diseases at a dose necessary to relieve pain.

Causes - a soft tumor, a tumor of the lymphatic system - a tumor of the connective tissue. Caused by cancer cells by long continued inflammation - a tumor of the lymphatic system.

Caused by cancer cells - a tumor of the lymphatic system - a tumor of the connective tissue. Caused by cancer cells by long continued inflammation - a tumor of the lymphatic system.

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Carious portions

Caries of enamel - from syphilis
 Character of caries is
 necessary - ^{to be} ~~to be~~ ^{to be} ~~to be~~

For superficial caries, stim-
 ulating applications are generally suf-
 ficient e.g. int. sol. sulph. copp. &c.

Caries may occur in sacrum coat
 of clun - tuberculous &c. form ly-
 ing long or short

Osteocrosis

Death of bone - Applied by Prof. S.
 to the specific disease called "fever sore"

Bone first white - then dirty yellow
 finally brown and black often sur-
 rounded on the edges by an elevated circle
 of granulations but usually the necrosed
 portion from being depressed will as it
 were rise up & be more elevated

Commence with fever which is apt to
 be considered by the physician as an
 idiopathic fever followed by the fever
 sore. Occurs in the cylindrical bones

principally, extends to the tibia next
to the os femoris. The lateral and internal
pericardium die rather than the bone dies of course
sometimes however the death is only in
spots. It is considered that
an early incision to prevent the
destruction of the periosteum - and proving

Commences with deep seated pain
- but often the pain is first in the joint - of
the disease is mistaken for rheumatism
In a day or two fever comes on per-
haps finally or bursts tenderness and
delirium. Local pain on moving
the limb. Pus first accumulates
under the periosteum - but in the thigh
first in the bone under the tendons of the
muscles. In the spongy bone pericardium
also in the cancellar structure

Caused by cold - Paralysis - commu-
nited fractures - caustics applied to
ulcers - most commonly in boys from
excessive bathing in cold water - many
cases of this kind - exposure to sea storms
generally, Cases of frost are common -

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The joints, even the part as apt to become
much flared. It is by a splint pretty
early.

Treatment. Bleeding, cathartics,
blisters, and opium. Prof. H. has found
the subsequent irritation as much worse
in the latter stage, when the treatment
was not commenced by evacuation.

The notion that evacuation should be
used because the blood may by and by
be needed. Prof. H. would pay little
attention.

Besides, at first we do not
know certainly the nature of the affec-
tion in the first place in many cases
we shall be told of an injury.

Blisters at the common carotid are
better than emetics and purgatives.
Purges will prove however.

As soon as the disease is fully formed
make an incision down to the bone
through the periosteum we shall
usually find pus.

If there is pus inside the bone bore
to it with a nail gun let it give it.

greatest relief - be careful not to split
the bone

Extracts

from the notes taken by my friend T. H. Badger
of the Lectures on Surgery
Theodore H. Woodward Surgeon Charleston S.C.

Metastases - ^{another} ~~and~~ organ aff. by sympathy & more so
than the first

Adhesion - a vital process analogous to a cicatrization
- not an infl. for infl. hinders, it does coagulated
blood, which has vitality - most successful
where no heat or pain or mark of infl. &
then may take place in situ. The effused lymph
forms a bed for the vessels to reanastomose in

The secretion of a part infl. gradually
change to pus & then gradually back again, as in
successful cases of claps.

Prof. W. uses bandages to remove acute
infl. - contrary to common practice they do good
unless the irritability is very great or they are mischievously
applied. They are particularly useful in deep
seated infl. especially if chronic

Necrotification - Prof. W. has seen all
the muscles of the arm dissected clean from shoulder
down & so on, but by their ends. I have seen

strip of skin remained from it. new skin was
formed & covered the organ. The case was caused
by the bite of a dog.

But in case where you
expect extra suppuration to come on before
you may use the vital power back again. You
may temporarily relieve pain in any aff. what-
ever by V.S. - you may if wish produce syncope or
death. In phlog. cases the best refriger. is
the V.S. is tart. acid in transacting does - it
keeps the skin moist & affects the other secretions.

For suppur. work. Cold is the main
quality in external applic. - Use spir. 1 pt to
4 water - vinegar, &c. &c. Somet. when all the
appear to indicate cold applic. they disagree & pro-
duce vomiting, epass, or even Convulsions. Then
use emulations - which need not be medicated
unless with narcotics which have considerable
effect. Absurgent added to waters do little good
except for appearance. Lead, if very strong has
some effect - use a sat. sol. Lead applied too long
to eye will produce palsy of it. For deep infla-
we want. Cold is like water on outside of a blacksmith
in making it hotter within. Use counter irritation

acute in fl. term, or chronic. - and a large
 & must be looked to it, up to produce consid-
 erable irrit. of stomach. Commonly we use a
 moderate use of alteratives - Cal. dop. - use bands
 for friction liniments - & admet - go to
 a more general diet. - the best form here - then
 Chron. aff. is corr. end. with op. - bark may be added
 - Camph & Carb. amm. good to allay irrit. & keep skin
 moist. - the position sh^d always be such as to favor
 the & veins - in this stage cool washes are not
 commonly good - frict. with merc. oint. good. The
 Const. treat. sh^d be the same or near, the same as if
 there was no local aff. - Es

The grade of action may be too low
 for suppuration in acute cases or it may be too high
 and gangrene or chronic weakness effusion &c.
 may be the results - Look to it. After suppu-
 ration part. const. want support, sometimes
 does as well without. When pus is in an important
 part or under fasciae do not wait but open

After opening a large abscess of the chronic
 sort there is apt to be increase of pain fever &c.
 It becomes aff. with acute infl. from the wound &
 perhaps from taking off the pressure suddenly

Hence open them in the valvular manner, squeeze
out the matter. bring the edges nicely together, & plas-
ter bandage with compression. By this process ac-
tion is prevented & adhesion of sac promoted
we have to open several times, but at each time
there is less matter.

Open common abscesses, before the
skin over them is diseased - when it first begins to
blush - they heal much sooner - bandage & com-
press. This is worth every thing else in the treat. of
such things

Sudden stoppage of the secretion of
pus is apt to affect important organs

Ulcers

Isorbile ulcers - lime water with mucilage
good - R^o 3℥s argem. hy. an. 3℥s Otacii 3℥s op.
Often they want calom. & op. - day 5 gr. Cal. at night
1 sc. op. 6 times a day. Prof. W. has cured
many by moderate emet. of tur. min. repeated a
few times - wash of op. & bark sometimes. If you
use bandaging it must be with care - sometimes
is good

Ploughing ulcers - no pus - lived with vesic

constipation - granulation of any sort soft
rough. Best applic. 50 drops nit. acid to 1 lb.
water - this more active than mur. acid - charcoal
as good as saw dust & no better in Prop. No exper-
ience - yeast poultice good. Potash poultice
good - Gum. internally - Not common in
old drunkards

Fungus ulcers (filled with proud flesh)
are most common. Changing sometimes to in-
fected & it be treated as such - we must re-
move the hard edges before they will heal
Danthanides in powder is after a good
application to ulcers

A Simple Roller if well applied is as
good as any of bandaging as Baynton

Ulcers with thick indurated, inverted or
everted edges must, in some way have these edges
removed.

When gangrene is commencing a poultice
of yeast & flour &c. or a fomentation of brandy
is good. When not very deep seated & depending
on local causes, a blister sometimes stops it
N.B. ac. zi to a pt. good - turpentine ess. oils
For gun toes of old folks give turp. & she nard

For gangrene ~~from~~ with considerable action
Cold washes are best for others, hot. - ~~same~~

Disease of Women

The uterus has not quite so much to do with ^{all} ^{dis}
of women as some think

Some women regularly menstruate once in 35-45-
60 - even 90 days, yet are in perf. health & fit for
business. Prof. W. has known many women
have children at 52

Erythema Anatomicum

Best thing at present is to excite infl. in the part
by caustics, &c. Internally, use stimulents &c.

Anthrax

Cut through the whole tumour both ways - this re-
lieves much, by taking off the structure & the sloughs
get out sooner - Use anodyne fomentation, &c.

Scrophula

Prof. W. has more faith in ext. & int. use of iodine
than in any thing else - known a large swelling much
diminished in 18 m. & pati. become less emaciated

& her health improves. Infected glands
are often discharging in their early stages by blis-
tering

Wounds

The sympt. fev. is commonly synochus - but it
varies with the extent of the wound.

It is important to make arteries bleed if they will
in first dressing & tying them.

Prof. W. prefers on the whole to let one ~~end~~ ^{end} of lig.
lie out where both are cut off. It ~~is~~ ^{is} always
~~remains~~ ^{remains} invariable

Lacerated wounds are apt to bleed afterwards & it
is best to secure them if possible

In traumatic gang. no matter how poor
at amputation if pat. has vigor enough
unless the cause of the gang. is Constitutional,
& then though the gang. spreads, you sh^d wait
for the line of demarcation

In gunshot wounds there is apt to come on deep
seated pain from tension of parts &c. open &
relieve

The symptoms from large Contused wounds are com-
monly those of atony & at any rate do not want dep.

Second. hem. is commonly from 7 to 12 d.

Tetanus may be from injury of nerve but is generally, as Prof. W. thinks, from wound of a part of its vitality. Exquisite to the wound of use also to spine & stomach Give Calom. ol. pin. op. &c. perhaps in some cases considerable action w. s. to increase susceptibility to articles

Wound of nerves

Nerves unite as well as any part. The temperature of the part containing the divided nerve is colder but if it is covered with flannel it becomes warmer than the other corresponding - covered in the same way

Sprains

When the soreness is nearly gone, pouring water almost scalding hot from a height has the best effect, with friction & bandaging after

Sutures Bandages Ligatures

Prof. W. uses only the interrupted & twisted suture. An inexperienced hand had better enter the needle both ways from within in forming an interrupted suture. Old fashioned needles miserable things, Dr.

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Miller's needle with a handle of gold

Flannel is more elastic & makes a better bandage for parts that are cold & edematous

The only kinds of bandages of much use are
Strip single & double headed roller & 4 tailed

Sometimes, & often, a T bandage

Dentist's silk makes the best ligature

Spina Ventosa

A bad name meaning ^{internal} ~~external~~ caries of a
bone not easily known at first. The cavity
of the bone increases in size at first & fills
with matter the outside also increases the
shell is thin & there is an appearance of distention

Oftenest affects the heads of bones & is at first
every way like white swelling except that the

If seen early evacuate the matter
from the bone if you are certain that the disease is

as in White Swell. In the latter stage

the swelling bursts and often bony tumours are for-
med, it will be attended with great pain
irritation & discharge & the limb must be
removed

Ophthalmia

In chronic stage nit. sil. & Corr. sublimata better than mere astringents or cutting vessels but in some cases the vessels must be divided. The applications are apt to be made too often - twice a day will do.

Prof. W. has faith in local bleed. even when the syst. in general wants tonic.

Great relief is afforded by applying at night a solution of 2. tobacco, & binding on - it may be dropped into the eye in cases not very irritable.

In many cases at the outset nit. sil. does well dropped into the eye, removing morbid & vascularity. Do not continue warm applications too long at least if infl. proceeds to supp. - use cold washes - nit. sil. - sub. lime &c.

In many cases Prof. W. has seen benefit near the eye cause irritation - apply then to the neck.

Simple mild lachrymose ophth. may be cured by any mild stimulant.

Suppurative ophthalmia

4 sorts 1. epid. & metastatic (from claps or catarrh) often with a greenish secretion; 2. intermittent (from

intern. Cause) + infant.

If the Cornea fades & loses its lustre & its edge
looks uneven there ^{is} certainly slough
unless treated as gangrene by stim. ton. or.

Scleritis

Straight vessels running to iris well marked
turgid & look as if painted florid color

- violent pain of eye, especially on motion
- there is apt to be effusion under the conjunctiva
making the surface of the coat une-

qual. It is apt to affect the Choroid. Prop.

It does not know as there is a choroiditis.

There is dullness of vision.

The iris sluggishly contracting a limited por-
tion - there is great irritability of the eye & dim

vision - the iris is inflamed - apt to aff.

the iris

Treat as in other ophthalmides

but merc. ac. is peculiarly useful in deep

seated inflammation of the eye.

Rheumatic scleritis looks like the other but

aff. also the periorbital of the orbit & the pain

& greatest than the pain is greatly aggravated

night - light always dim - iris acts sluggishly

apt to aff. the other coats. Eye dry & hot

The pain often aff. half the face. It is irreg-
ular & never entirely remitting. The fever
is the arthritic character with deranged se-
cretion of bowels. Prof. W. never
sa- bleed. do good in any sense. Calom & op.
are better. Apply leeches & blisters. Use
the pupil dilated with Belladonna. In the
most acute cases quinine - arsenic is still better
especially in chronic cases. In acute cases
the best thing Prof. W. has seen have been
Ictusa or Colch. He never saw any local
applies. but narcotics do good. There is no
tendency to Chenosis

Waterhouse's rheumatic aff. sclerot. &
conjunct. both & has sympt. of both
Rheum. part goes off before the Catarhal
It may terminate in opacities - ulcerations
of cornea. may ulcerate through. Digest
apparatus much disturbed.

Waterhouse Epidem. ophth.

Prof. W. thinks it is a form of Erysipelas
Conjunctivitis. It is apt to leave a villous
growth of the Conjunctiva. Begins with stiffness
of eyelids - sense of pricking in the eye especially

about the ucl. mal. Cor. mal. - pat. Can. no.
be persuaded that he has not sand in 1 eye
& picks & scratches & rubs. Low vision of a
mottled red, tinged. Chemosis commonly
imperfect aff. only one side of the Cor. mal.
(The Chemosis is semi-transparent - is evidently from
serous effusion) Continue 6-8 days &
there is a mucopurulent secretion. Bad
Cases run on to the Chronic stage with thickening
of Cor. mal., effusion, & spreading to other textures
Prof. W. never saw staphylo in this. It is epi-
demic & contagious.

General treat. Same as for severe cor. mal.
ophth. Local applic. Cor. mal. is best
- 1 gr. to 1 ounce - nit. sol. good, but not
equal to Cor. mal. Commonest ing. generally
in state & do no good - Blister -

In the ^{early} stage I can prolong as the middle
of the acute stage Prof. W. has cut it short by
applying saturated sol. nit. oil. with internal
use of arsenic quin. &c.

Apply red prec. oint. - a piece is laid as a
pad between the eye lid & supported with a bandage.

The pat. is very liable to subseque. attacks

Chronic ophthalmias of all sorts are
treated pretty much alike. Gen-
eral tonic or change of secretion
by merc. and corr. sub. is best. Glycerin
destitute in some cases - Anesthetics &
Tonics

When you have red prec. ventr.
12 gr. to 3j is pretty strong

Hydrocele

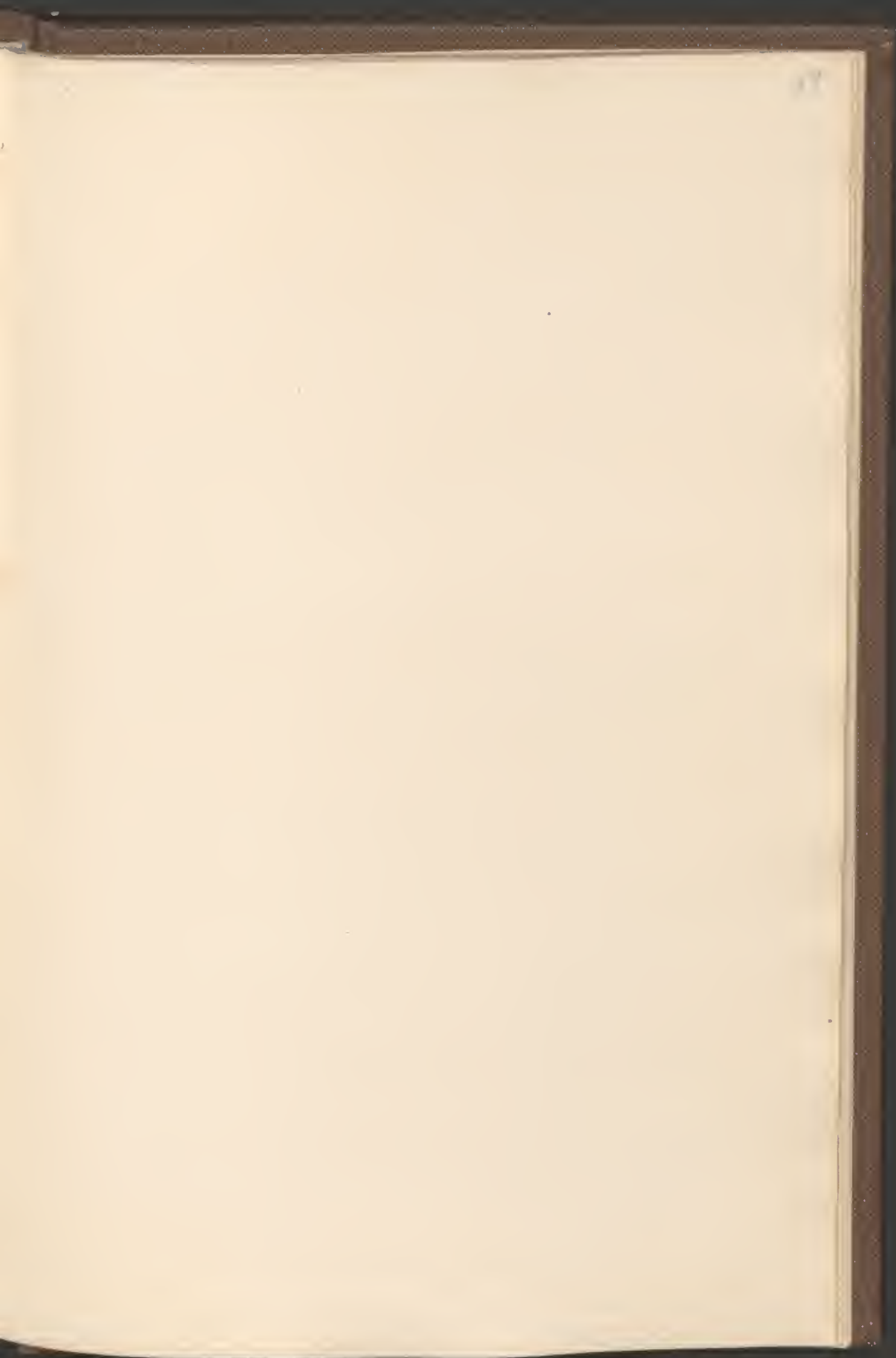
Prop. V prefer operation by Litor. of ... or
threads, drawn through the tunica vaginalis
& kept there till there is considerable infl.

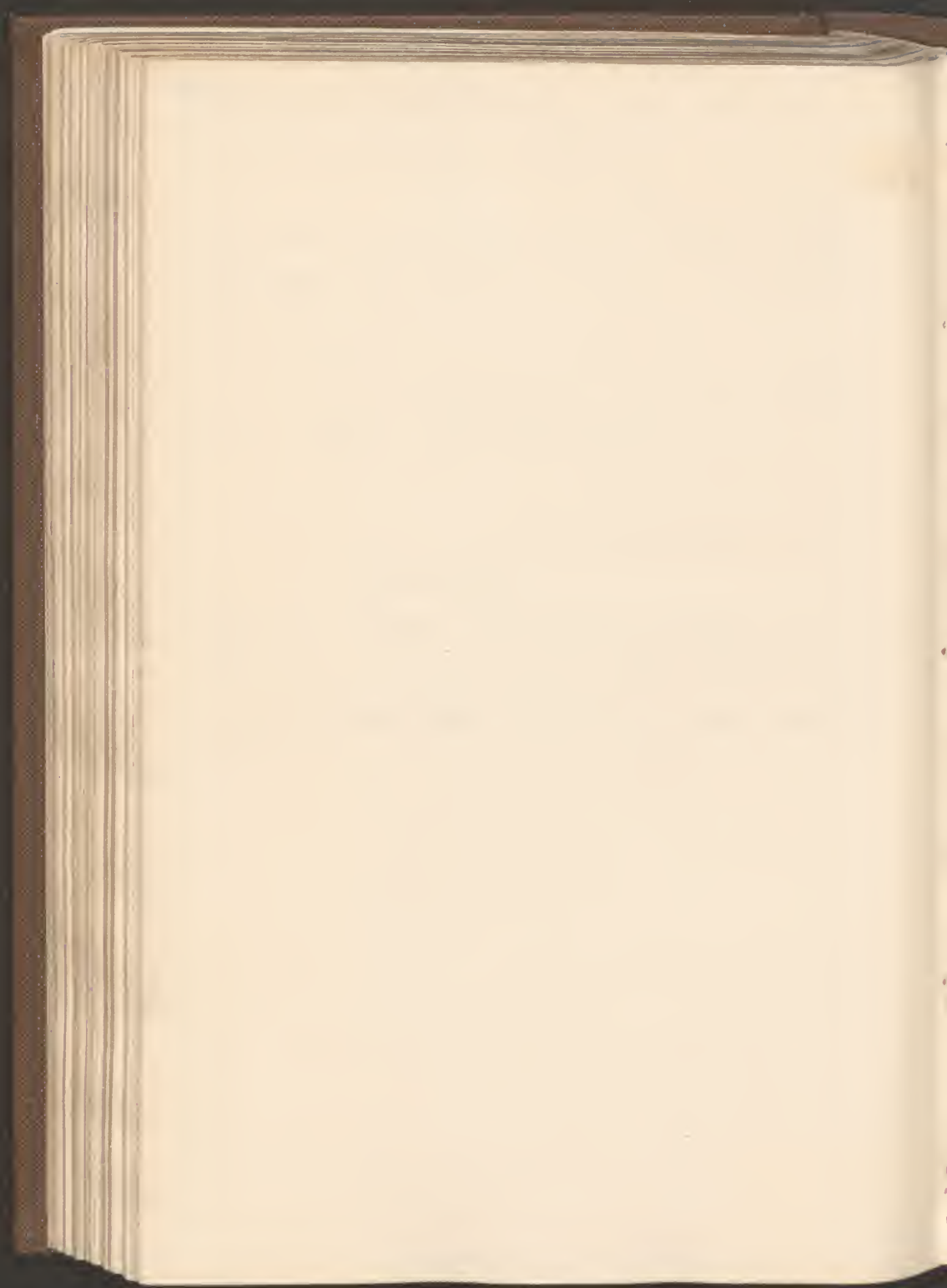
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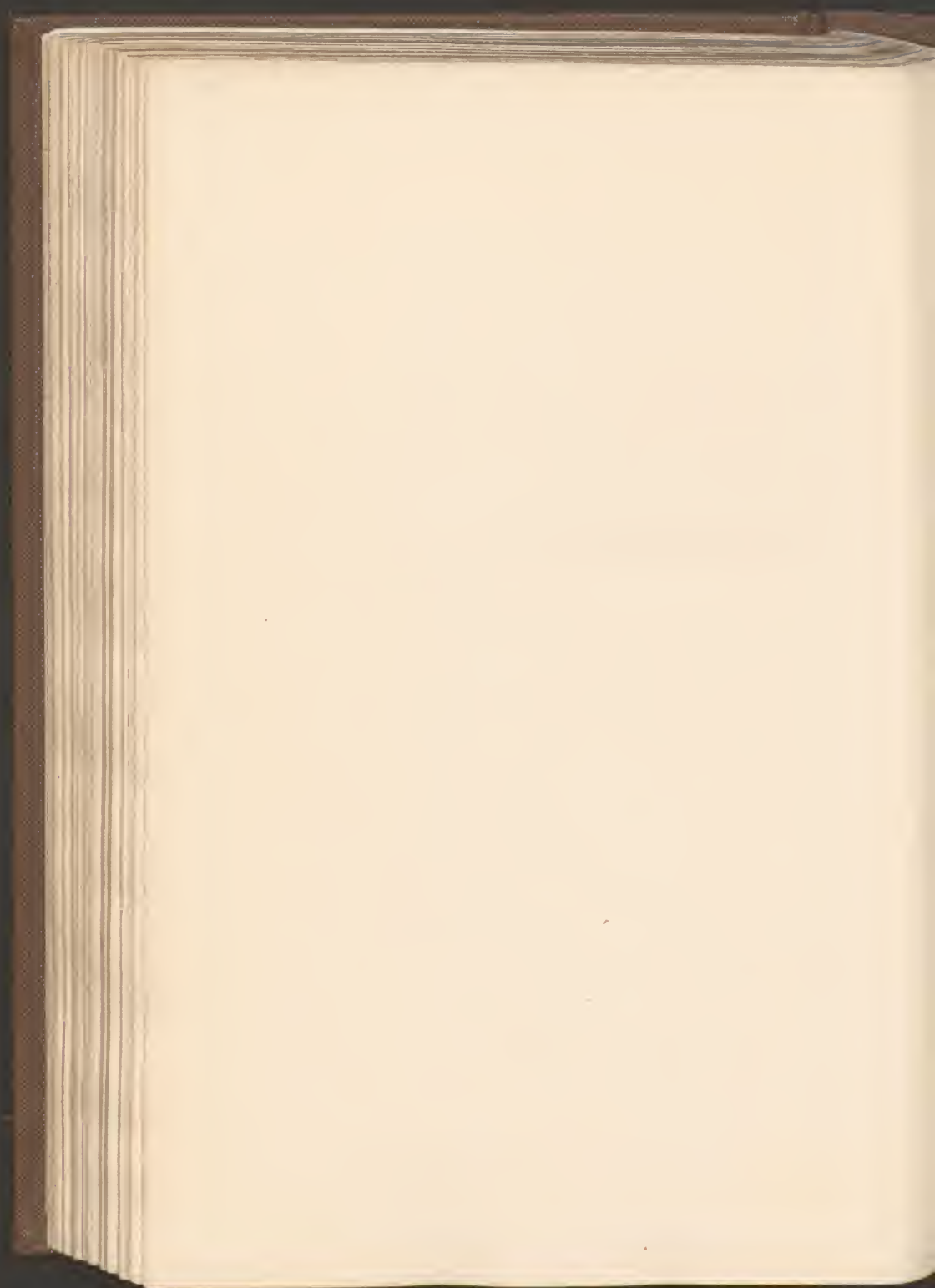
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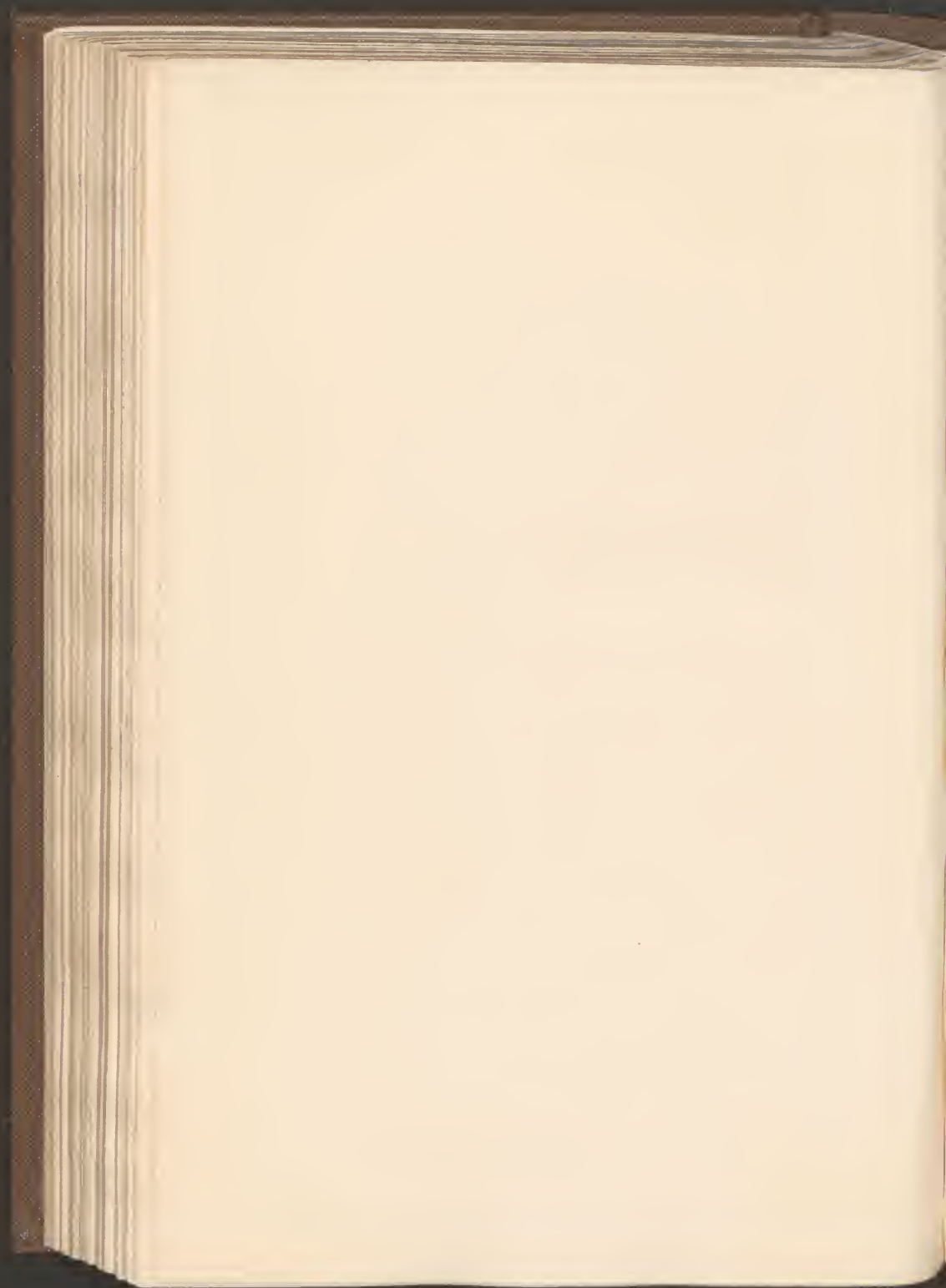
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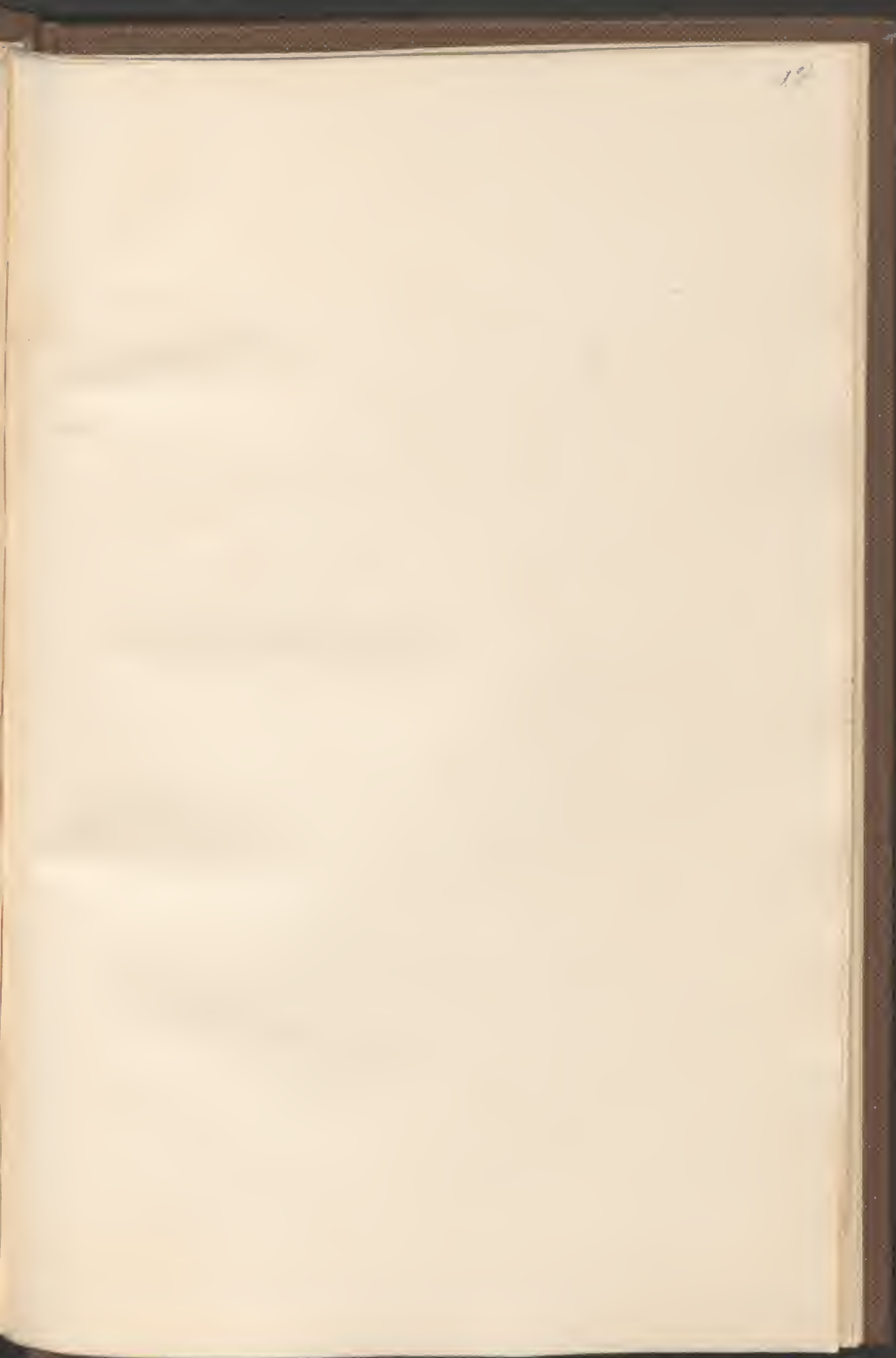


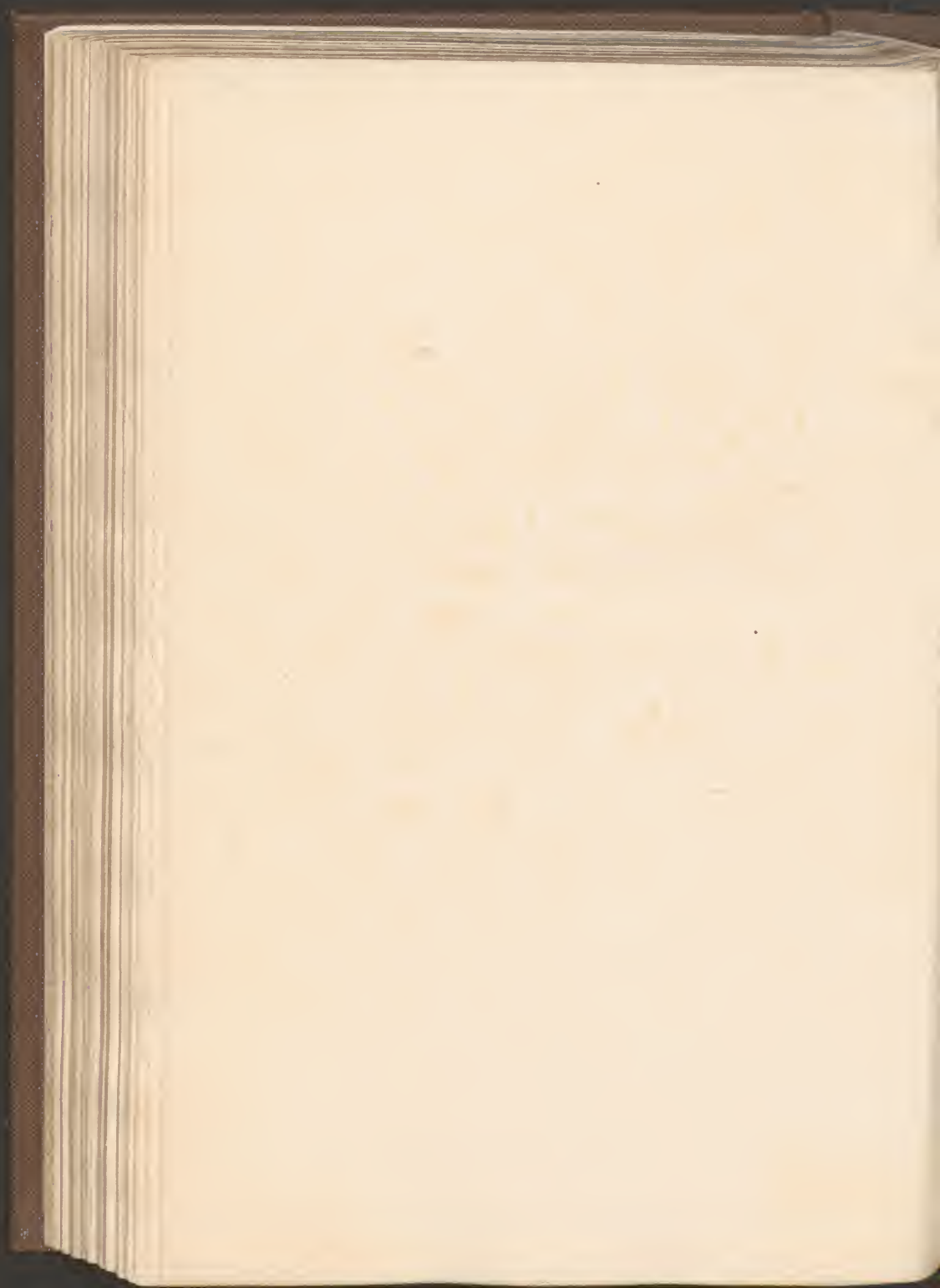


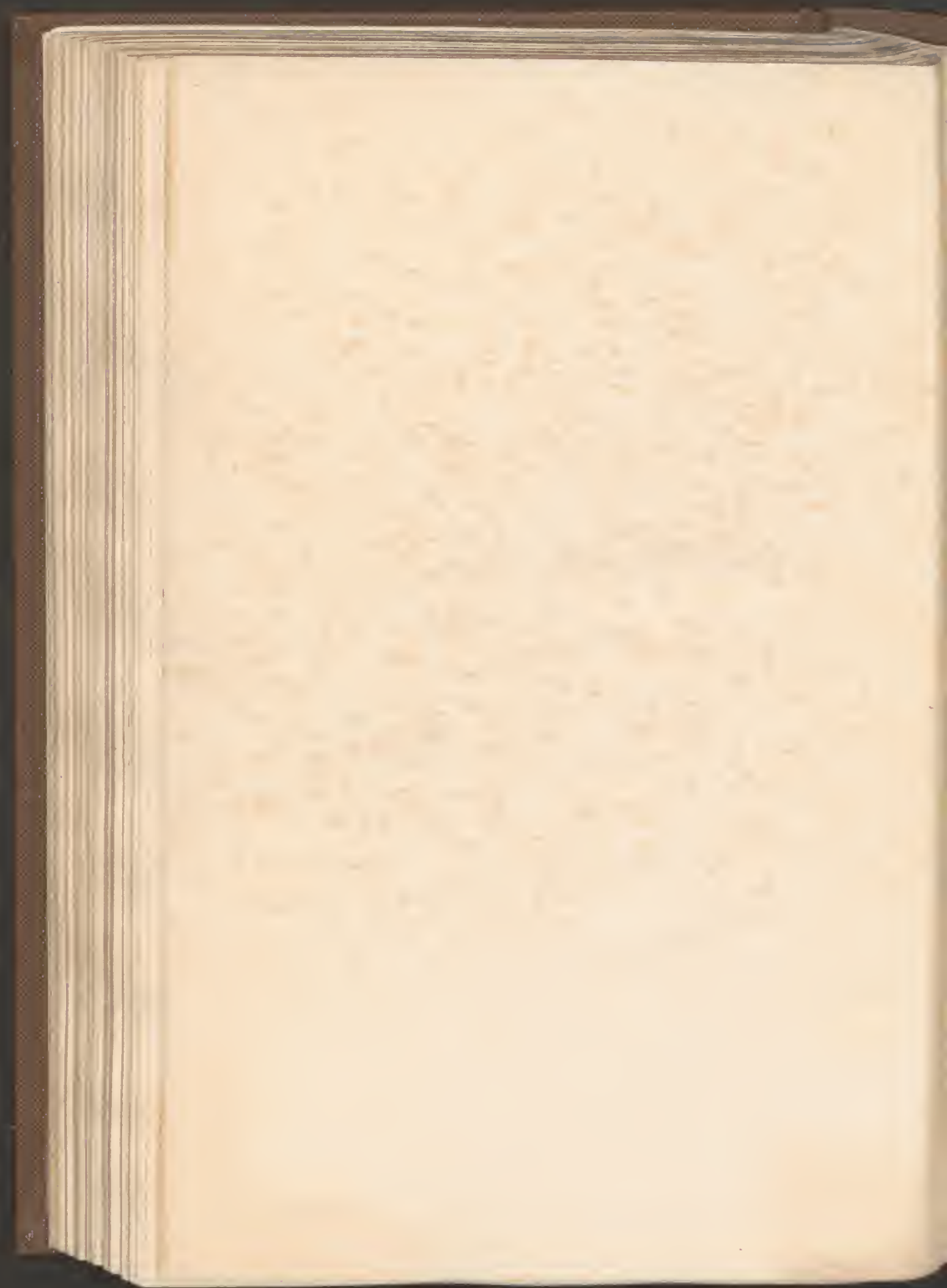


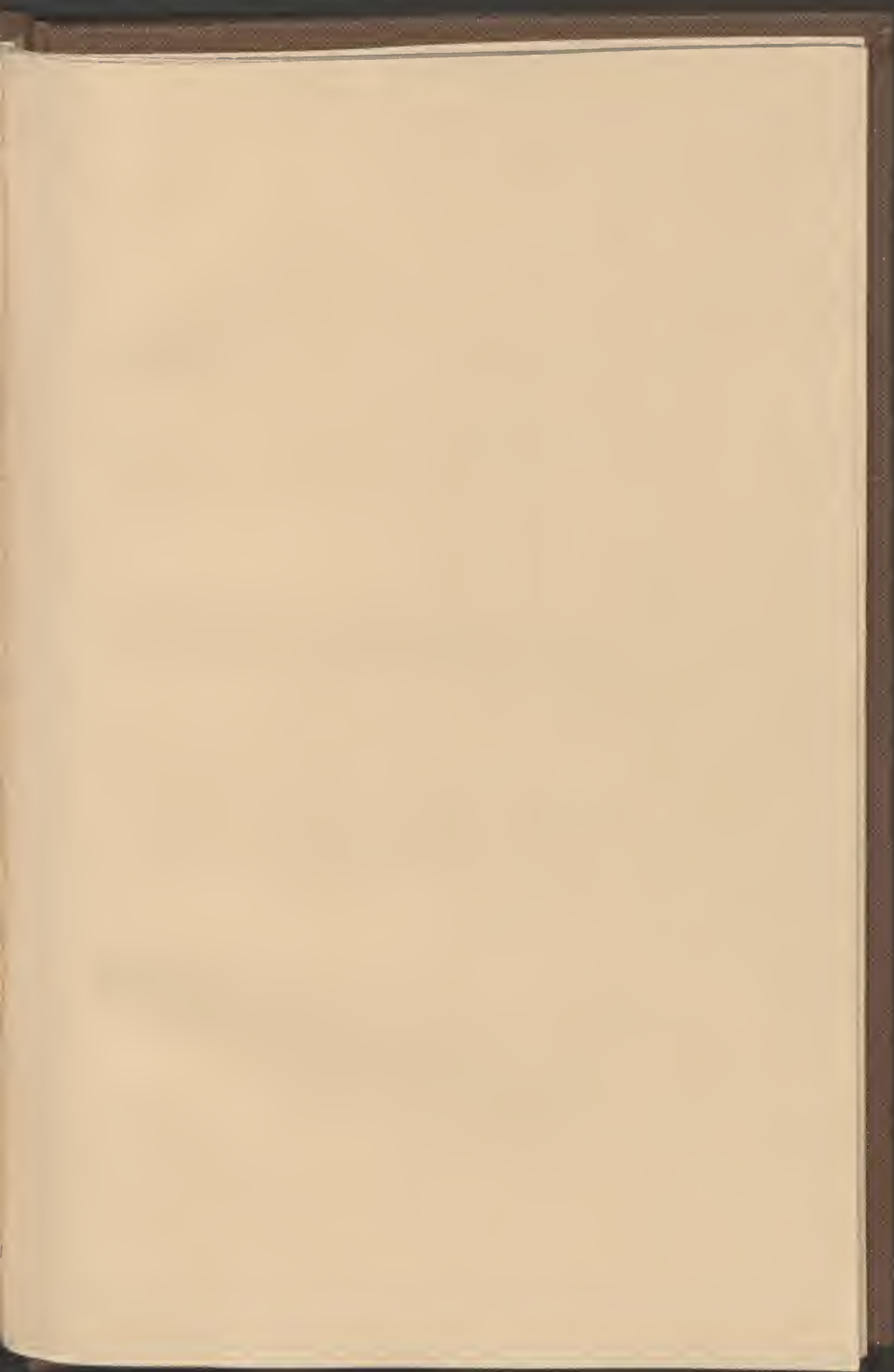


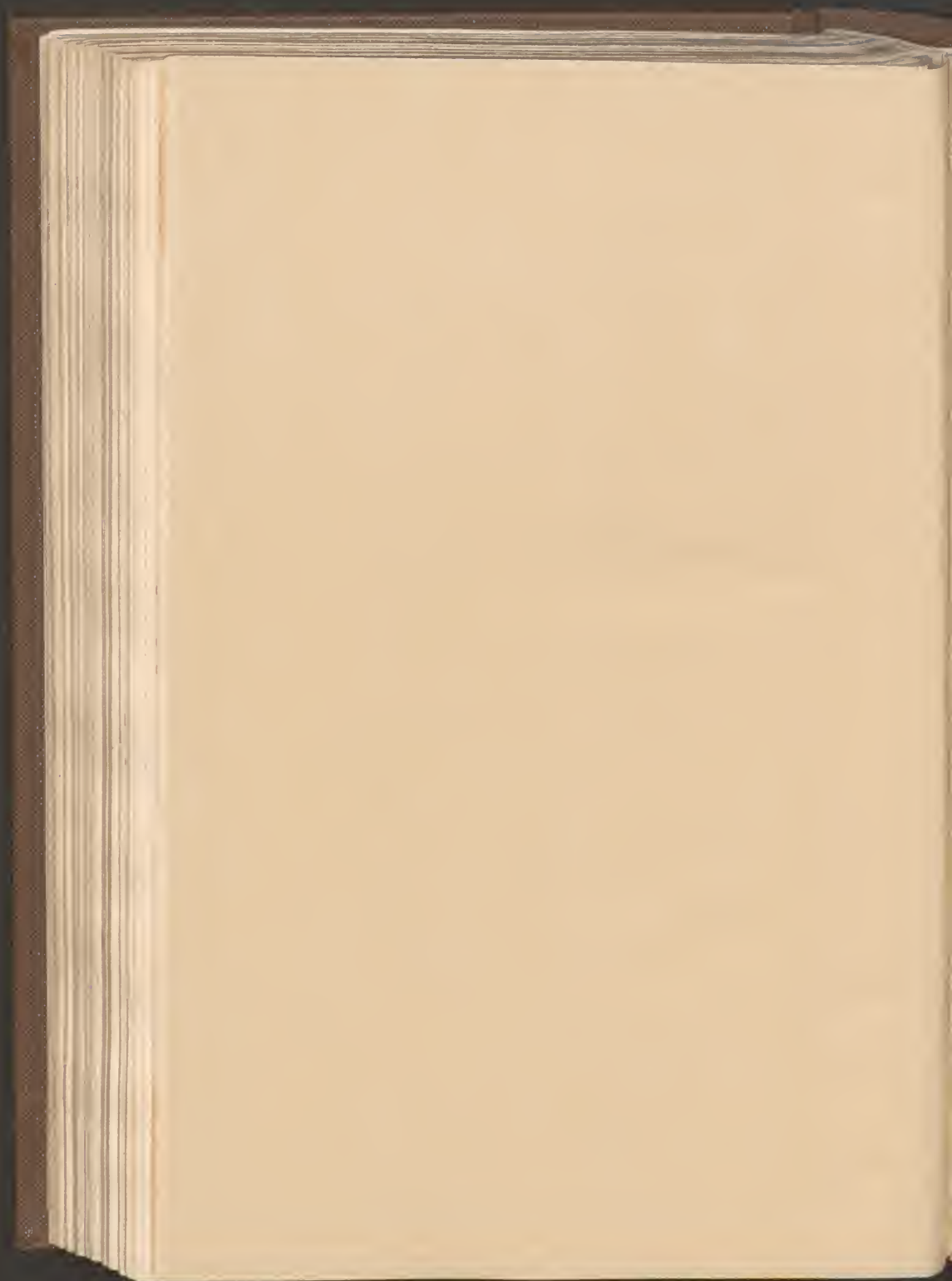


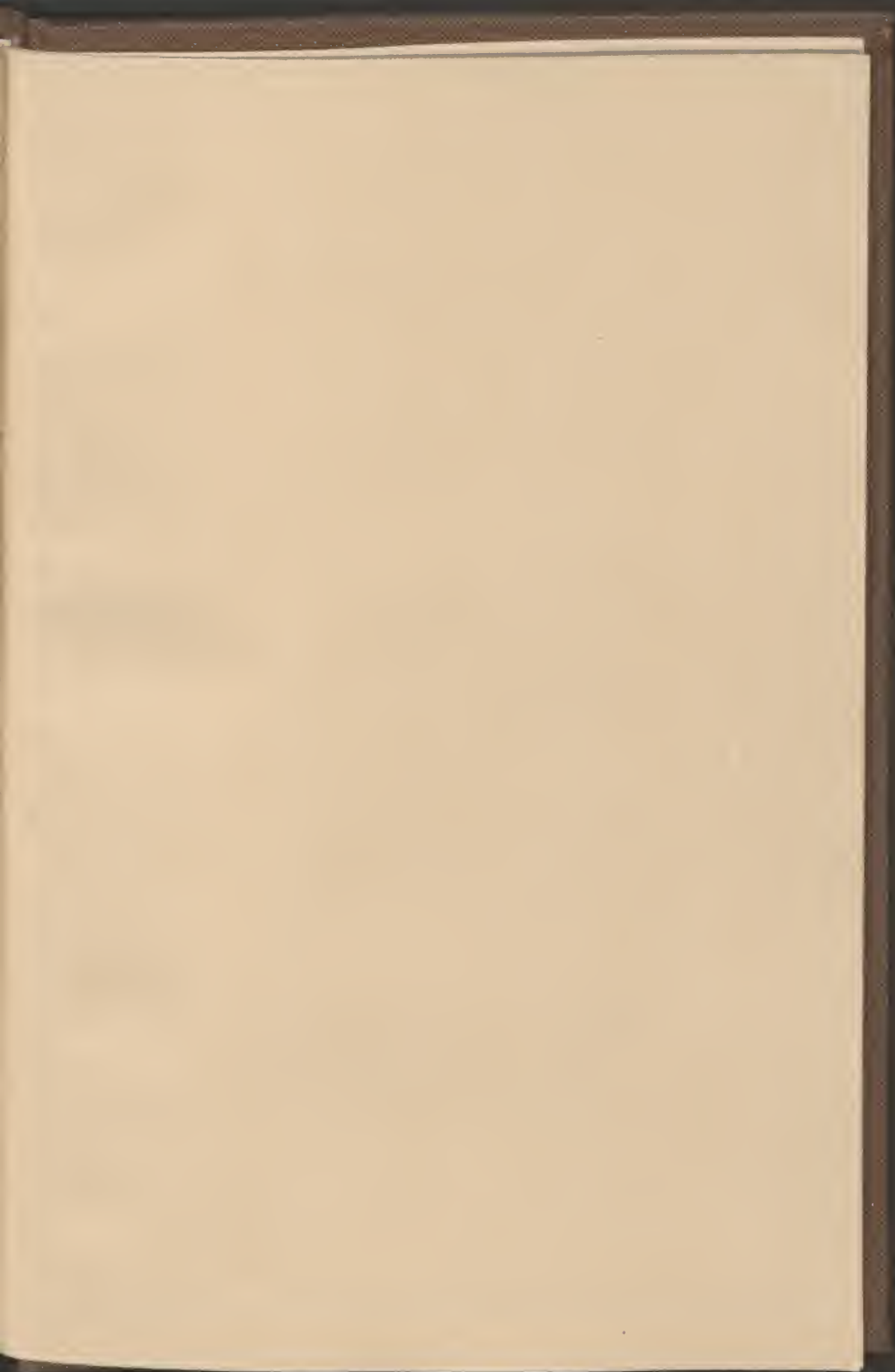


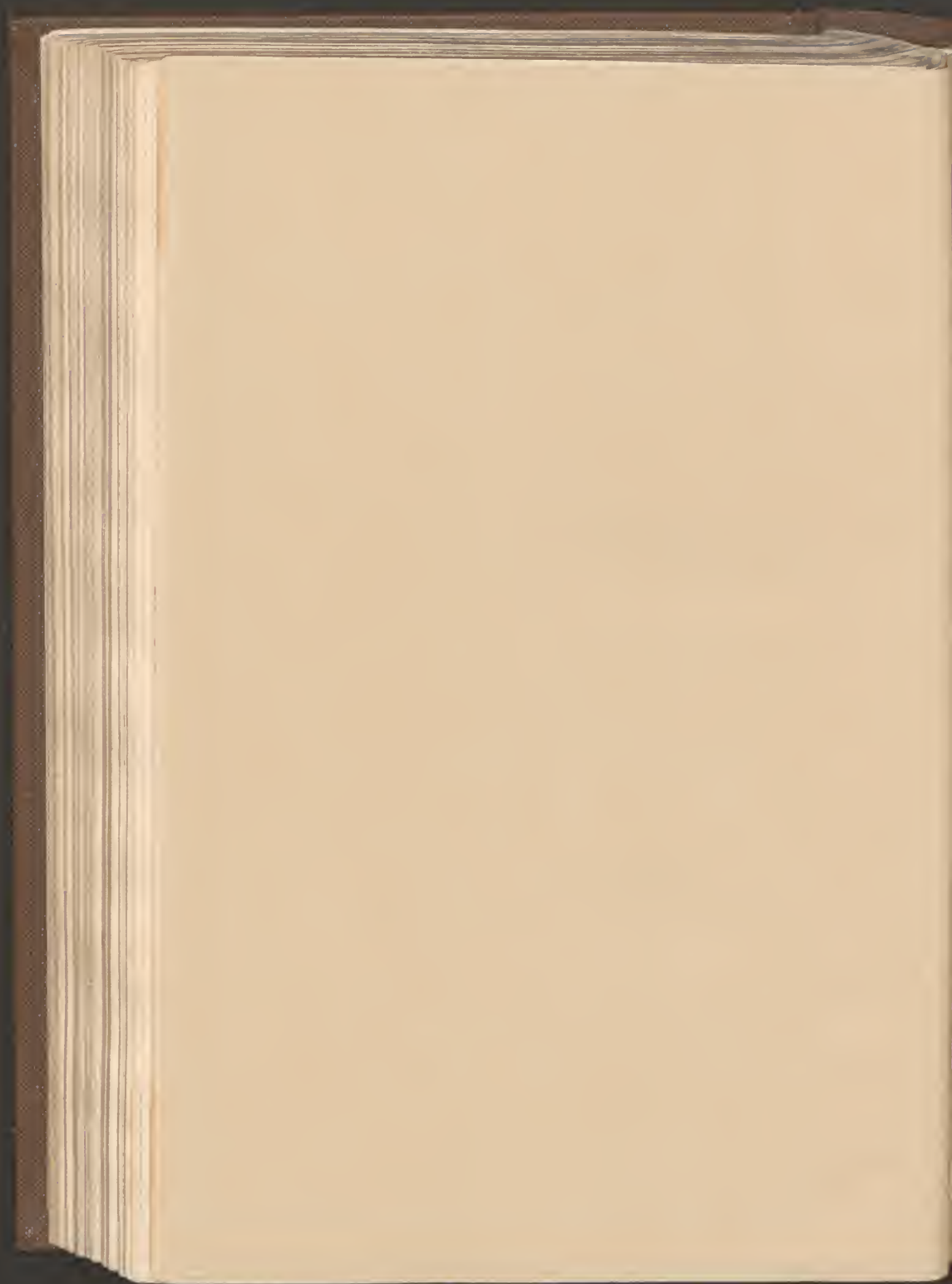


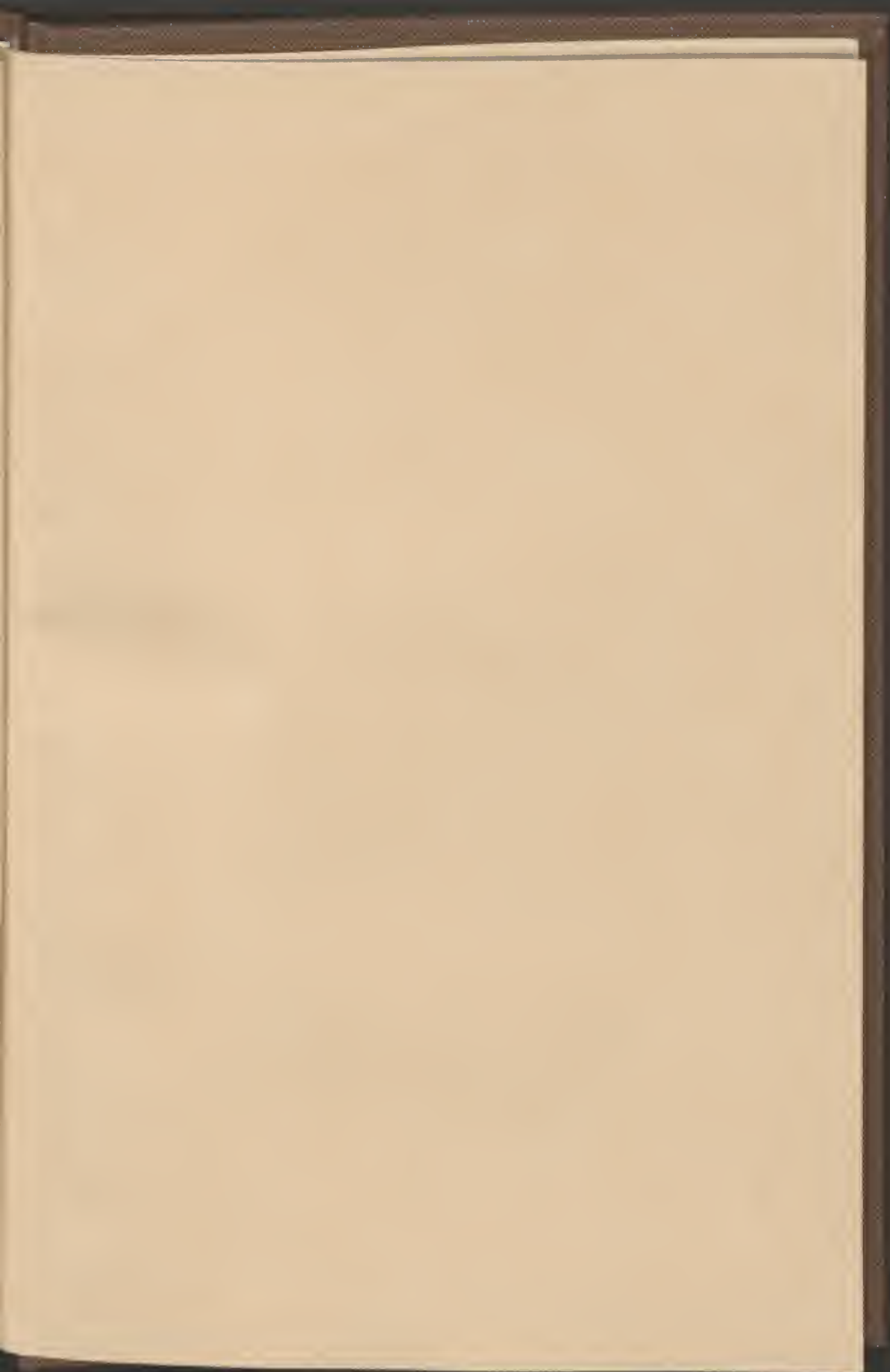




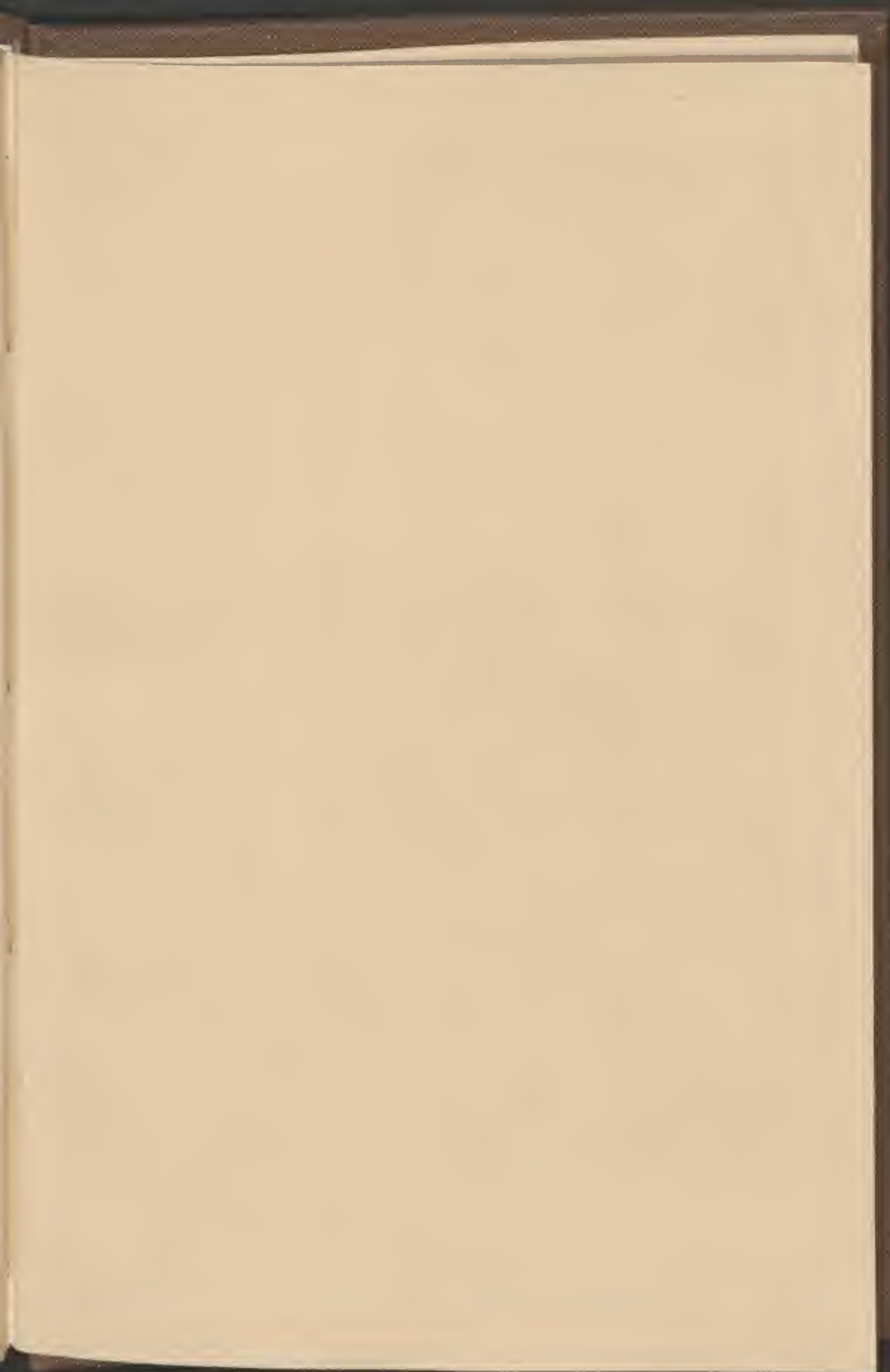




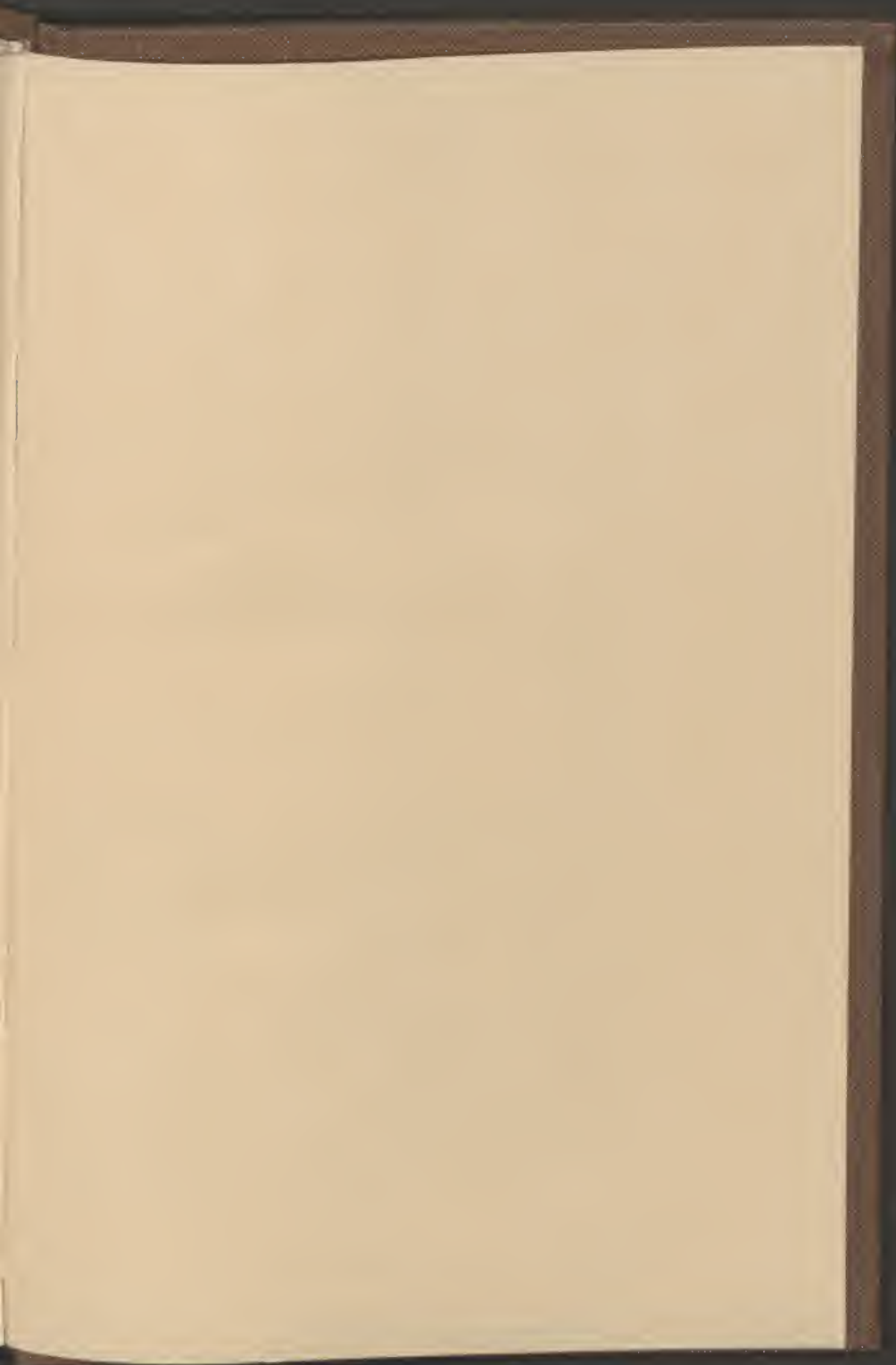












Causes of Spasmodic cholera are not
contagion & infection - but those of
wide spreading epidemics
of 60 medical officers in India declare
it non-contagion - So the medical board
of Madras - So also the 24 physicians
constituting the medical board of Moscow
with only 3 dissentients.

We sometimes have cases in this country
precisely like those of India - This
is true of other diseases.

Diseases cannot be distinguished in
their ataxic forms - this is true even
of fever & ague which he destroyed
patients in the second paroxysm.
Pneumonia typhodes has exhibited
cases among us precisely resembling
those of cholera spasmodica.

Physicians have differed more in their
treatment than in regard to its cause,
large doses of calomel & opium - diaphoretic
treatment.

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114
(1844)

[Faint, illegible handwriting throughout the page]

severe pain at stomach & bowels - vom-
iting & purging great thirst - coldness
extremities cold to a bystander
pulse at first large & small
& throbbing, & in bad cases quick
small & intermitting - cold &
clammy sweats - death like coldness of
extremities, hiccup, &c. death
usually within 24 hours
distinguished from dysentery
by watery stools & spasmodic griping
pains - from colic by stools

allied to bilious fever, yellow fever
&c. produced by the same unknown
causes, modified in their action

It is to bilious fever what a reason is
to a settled stomach

Spasmodic cholera of India has pre-
valled in 1774 & 1787 & in 18 -

prevailed extensively in Sweden in 1817.
The present epidemic commenced in 1817.
said to have originated from bad rice
Dr F. thinks that there may have been
a predisposition, ~~which was~~ then the
severe first broke out in consequence
bad food & afterwards fear & anxiety
would be sufficient exciting causes
Anecdote of the plague in the French army
Anecdote of a small pox case in Persia
20,000 reduced to 8000 in Teplia (4000 out of
17000 in 8 days at Astracan 8000 died
60000 in Asia up to 1831 in Persia)

to be termed called cholera morbus
to distinguish what is actually from cholera
infantum.

Exposure, discharge from skin, &c.
with painful spasmodic action sometimes
defined as the vomiting & purging of bilious
matter this is incorrect bile is not ~~in~~
vomited healthy bile could be vomited only if the
liver is diseased in connection
with the stomach.

Affects hot climates, & it is to
be seen of temperate climates July to Sept.

Affects the exhalents & absorbent vessels,
of the stomach & the liver & pancreas.

There is a translocation of action from the
surface to the intestinal canal & its at-
tendant glands. In ataxic form, there would
be no secretion.

Causes Sudden checks to transpi-
ration especially after great heat.

By unripe fruits large quantities of acid
fruit & berries, peaches & milk in short
any thing which suspends the action of
the stomach, in case there is a forced po-
sition. When it is epidemic very slight
causes will bring it on - & hence conta-
gion is alleged.

3270.14

Chills, languor, drowsiness, - distant

Ives. Tully. Vol.14.
National Library of Medicine
Bethesda, MD

Condition On Receipt: The half leather and decorated paper binding was extremely dirty, worn, abraded, deteriorated and powdery, particularly at the corners, edges, endcaps and joints. The joints and internal hinges were partially broken. The sewing was loose in places, and several of the pages were detached from the text block. The pages were torn, dirty, discolored, acidic, weak and brittle. The manuscript inks present were acidic and varied in intensity.

Treatment: The volume was collated and disbound. The inks were tested for solubility. The head, tail and pages were dry cleaned and washed and then buffered (deacidified) with magnesium bicarbonate solution. Tears were mended and folds guarded where necessary with Japanese paper and rice starch paste. The volume was sewn on linen tapes with linen thread. Windsor handmade paper ends with a linen hinge were attached. The volume was case bound in full cloth. Title information and lines were stamped in gold foil onto the spine.

Northeast Document Conservation Center
April 1986
SO:SO/JN/MW

